Veterinary Teaching Hospital
Attn: Radiology
245 Duck Pond Drive
Blacksburg, Virginia 24061
Email: vtimaging@vt.edu
Phone: 540-231-4628
Fax: 540-231-9238

VETERINARY TEACHING HOSPITAL
RADIOLOGY REFERRAL FORM

Today's date:

CLIENT INFORMATION

Owner's name (Last, First):			Animal's Name:	Species:
Street address:			Breed: Color:	Age:
City:	State:	ZIP Code:	Sex: ☐ Male ☐ Altered ☐ Female ☐ Intact	Weight:
Email:			Home Phone no.:	Cell Phone no.:

REFERRING VETERINARIAN / CLINIC INFORMATION

Referring Veterinarian:			Practice/hospital name:
Clinic/hospital address:			Office Phone no.:
Office Fax no:	City:	State:	ZIP Code:
Email:			Best time to call:

PATIENT CASE HISTORY

Medical History/Clinical Signs:

Diagnostics and Procedures (summaries or attach pertinent records):

Current Treatments/Medications:

A WRITTEN REPORT WILL BE FAXED AND MAILED UPON COMPLETION

REFERRAL INSTRUCTIONS

Please type directly into the form, then print it and mail it with CD Images or radiographs

OR

type directly into the form then save it and email it with radiographs attached to vtimaging@vt.edu