



FAX THIS ORDER TO: 972.869.9916

PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

RADIOGRAPH REFERRAL FORM – EQUINE

Radiology is performed on an outpatient basis.

Patient Name*:	Age*:	Gender*:	
Breed*:	Date of Request*:		
Owner's Name*:	Phone*:		
Owner's Address*:	City*:	State*:	Zi *:
Other Authorized Party/Relationship:	Phone:		
Referring Veterinarian*:	Preferred Contact Phone*:		
Clinic Name*:			
Address*:			
Email*:		Fax*:	

Insured*? Yes No Company notified *? Yes No

Please send any images previously obtained* Sent digitally Sent with client None taken

Reason for exam*:

History/lameness exam finding *:

Symptoms*:

Foreign metal objects present*? Yes No Where?

Previous surgery*? Yes No Image Viewing Preference: CD Link to Images

Other comments:

Additional exam you are prescribing*:

Veterinarian's Signature*:

**Required field.*