Animal Imaging
visibly better

EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (972) 869-9916

PLEASE SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.

RADIOGRAPH REFERRAL FORM – SMALL ANIMAL

Patient Name*: Age*: Gender*:

Patient Weight*: Breed*: Date of submission*:

Owner's Name*: Phone*:

Owner's Address*: City*: State*: Zip*:

Other Authorized Party/Relationship: Phone:

Email*:

Referring Veterinarian*: Phone*:

Clinic Name*:

Email to send copy of report to*: Fax*:

Please send any radiographs taken at your clinic for your client's appointment.

Radiographs*: ☐ Sent through DVM insight ☐ Emailed to info@animalimaging.net
☐ Sent with client ☐ None taken

Please check th exam you are prescribing for this patient*.

☐ Abdominal
☐ Thorax
☐ Musculoskeletal

Specific area of interest *:

Case summary and working diagnosis*:

Symptoms/clinical signs*:

Previous surgery*? ☐ Yes ☐ No

Other comments:

Additional exam you are prescribing*:

Veterinarian's signature*:

*Required field.

6112 Riverside Dr. • Irving, TX 75039 • **P** 972.869.2180 • **F** 972.869.9916 • **animalimaging.net**