



*Kindness and Care for Animals®*

## Radiology Referral Request Form

Date: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Clinic Name and Address: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Animal Name : \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Prior Health Problems:

\_\_\_\_\_  
\_\_\_\_\_

Diagnostic tests performed, results if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Clinical History/Signs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list treatment for current problem (if any):

\_\_\_\_\_  
\_\_\_\_\_

Specific questions about films sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment:** The referral charge for radiographs is \$58/case, up to 10 radiographs, special procedure (UGI, IVP etc.) \$75, CT/ MRI \$125.00 . You may enclose payment by check or be billed monthly. To expedite interpretations, there is a STAT fee of \$32.

**NOTE:** Please direct all films to **RADIOLOGY at Angell Animal Medical Center**, 350 S Huntington Ave., Boston MA, 02130, whether sending them by courier, US Mail, or express carrier. Disks will not be returned to you. For digital imaging, please consider using our DVMInsight online consultation service. Call 617-541-5139 or check our website [www.angell.org](http://www.angell.org) for further information.

**PLEASE MAKE SURE ALL RADIOGRAPHS ARE LABELLED WITH PATIENT & HOSPITAL NAME SO WE CAN RETURN THEM TO YOU!**