

Radiograph Consultation Referral Form

Referral Partner Information:

Veterinarian Name: _____

Practice Name: _____

Phone: (____) _____

Final Report Communication Preference:

 Fax :(____) _____ E-mail: _____

Patient Information:

Client Name: _____

Patient Name: _____

 Canine Feline Breed: _____Sex: M MN F FS Age: _____Radiographs submitted: Yes No└ Digital: Sent to DICOM Server CD└ Analog: Mailed in Sent with owner

Referral Practice:

 MedVet Chicago MedVet Columbus MedVet Indianapolis MedVet Cincinnati MedVet Dayton MedVet Toledo

Study Information:

Area of Interest: _____

Study Date(s): _____ # Images: _____

_____ # Images: _____

_____ # Images: _____

Reason for Referral/Primary Complaint:

Clinical Exam/Pertinent Labwork Findings/Working Diagnosis:

Specific Questions Regarding Radiographs:

Final radiology consultation reports are typically available within one business day from the date they are received by the radiology department. If you are mailing analog images, please allow two - three additional business days for us to receive the images in the mail. Please contact our radiology office if there is urgency in receiving the results so that we may prioritize your consult. If you do not receive a report within the expected timeframe, please do not hesitate to contact the radiology office to ensure your consult has been received.

Our locations:**Chicago - Main Campus**

3123 N. Clybourn Avenue
Chicago, IL 60618
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773.281.7928 **FAX**
radiology.chicago@medvetforpets.com

Columbus

300 E. Wilson Bridge Road
Worthington, OH 43085
614.846.5800 **MAIN**
614.547.6689 **FAX**
radiology.columbus@medvetforpets.com

Indianapolis

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Carmel, IN 46032
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317.552.0919 **FAX**
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