



**MedVet Dayton**

2714 Springboro West,  
Moraine, OH 45439

Phone: 937.293.2714 Fax: 937.293.2787

**Please send all radiograph requests to:**  
radiology.dayton@medvet.com

**Board-certified Veterinary Radiologists**

Matthew Baron-Chapman, DVM, DACVR

Chase Constant, VMD, DACVR

Kryssa L. Johnson, DVM, ACVR

**Radiograph Consultation Referral Form**

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

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

**Referral Partner Information**

Referring Veterinarian: \_\_\_\_\_ Clinic/Practice Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Information**

Client Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Patient Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex:  M  MN  F  FS Age: \_\_\_\_\_

Radiographs Submitted:  Yes  No Digital:  Sent to DICOM Server  Email Analog:  Mailed in  Sent with Owner

**Study Information**

Area of Interest: \_\_\_\_\_

Study Date(s): \_\_\_\_\_ # Images: \_\_\_\_\_

\_\_\_\_\_ # Images: \_\_\_\_\_

\_\_\_\_\_ # Images: \_\_\_\_\_

Reason for Referral/Primary Complaint:

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

Specific Questions Regarding Radiographs:

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

*Radiology consultations are performed Monday through Friday with a 24-hour turn around once all information, including images, has been received. Consultations are not performed on weekends or holidays. Requests received after 4:00 pm on Friday will be completed and returned by the end of the day on Monday. If you are mailing analog images, please allow 2-3 additional business days. If you do not receive a report within the expected time frame, please contact our radiology team.*