

## **Radiograph Consultation Referral Form**

Date:
PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

or Tuesday the following week.

## **MedVet New Orleans**

2315 N. Causeway Blvd., Metairie, LA 70001 Main: 504.835.8508 Fax: 504.835.8509 **Please send all radiograph requests to:** LARad@medvet.com

## **Board-certified Veterinary Radiologists**

Darin Kepler, DVM, MS, DACVR Board-certified Veterinary Radiologist

Referring Veterinarian:	Clinic/Practice Name:
_	:: ( ) Email:
Patient Information	
Client Name:	Phone: ( )
	☐ Canine ☐ Feline ☐ Other:
Breed:	<b>Sex:</b>
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:
	# Images: