MEDVET
Leading Specialty Healthcare for Pets

MedVet Cincinnati
3964 Red Bank Rd.
Cincinnati, OH 45227
Phone: 513.561.0069 Fax: 513.898.8638
Please send all radiograph requests to:
radiology.cinci@medvet.com
Board-certified Veterinary Radiologists
Matthew Baron-Chapman, DVM, DACVR
Chase Constant, VMD, DACVR
Kryssa L. Johnson, DVM, DACVR

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.