



Veterinary Imaging Consulting  
OF TEXAS

# Diagnostic Imaging Referral Form

*This completed form, including pertinent recent laboratory results, clinical examination findings and patient records should be transmitted to VIC with the images.*

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

**Patient Information:**

Patient Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Species: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  Altered

**Referring Veterinarian Information:**

Dr.: \_\_\_\_\_ Address: \_\_\_\_\_

Practice: \_\_\_\_\_

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

**Radiographic Images submitted for Interpretation:**

Number of views/images submitted: \_\_\_\_\_

Date of radiographs: \_\_\_\_\_ Sedation/Anes.: \_\_\_\_\_ Contrast: \_\_\_\_\_

**Presumptive Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pertinent History · Clinical Findings · Laboratory Results · Special Requests**

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\_\_\_\_\_

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Phone: (210) 822-6850 · Fax: (210) 822-7326  
P. O. Box 205 Iola, TX 77861  
Email: DRV@vetimagingcenter.com  
www.vetimagingcenter.com  
www.vic-tx.com