

University of Wisconsin – Madison
School of Veterinary Medicine
Veterinary Medical Teaching Hospital
2015 Linden Drive West
Madison, WI 53706
(608) 263-1211

PLEASE RETURN ALL
THREE COPIES

Date _____

RADIOGRAPHY REFERRAL REPORT

Referring veterinarian _____ Phone number _____

Clinic Name _____ Fax number _____

Address _____ City _____ State _____ Zip _____

Client's name _____ Patient: Species _____

Breed _____ Sex _____ Age _____

Pertinent clinical history (previous disease, physical examination findings, lab work, etc.):

(Please do not write below this line.)

Follow-up radiographs taken within 6 months will be evaluated at no extra charge.

- No Charge Small Animal 50995
 Video Tape/Ultrasound 56000 Large Animal 51995

Radiologist _____

For office use only: WHITE: Referring Veterinarian; YELLOW: Radiology File; PINK: Billing