



Radiograph Referral Form

Date of Examination: _____

Referring Veterinarian: _____ Referring Hospital: _____

Phone: _____ Fax: _____ Email: _____

Views submitted for Review: _____

Patient Information

Pet's Name (first, last) _____

Age: _____ Sex: _____ Spayed/Neutered: Y N

Breed: _____ Weight: _____

History and specific questions you would like answered regarding these radiographs:

- Radiograph Review Film \$53.00
- CT/MRI Review Digital \$87.00
- STAT Interpretation \$26 in addition to review fee
- Contrast Series \$77.00

If you have any additional questions, please contact us at 858-634-5430 or online at www.vicsd.com