



VICSD
VETERINARY IMAGING
CENTER OF SAN DIEGO

Radiograph Referral Form

Date of examination: _____

Referring Veterinarian: _____ Referring Hospital: _____

Phone: _____ Fax: _____ E-mail: _____

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: \$44.00
- CT/MRI: \$75.00 + \$5.00 mail in fee
- STAT interpretation: \$25.00
- G.I. Series: \$70.00

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