



COLLEGE OF VETERINARY MEDICINE

Radiology Service
(614) 292-1040 Fax: (614) 292-3191

Date _____

Referring Veterinarian: _____

Clinic _____

Address _____

City/State, Zip _____

Phone # _____ Fax # _____

Rec'd _____

Check # _____

Amount _____

Dictated _____

Radiology Consultation Request

Table with 4 columns: Radiographic Report (\$45.00), Equine Pre-Purchase (\$125.00), MRI/CT (\$75.00), AAHA Certification (\$100.00)

Please make check payable to Veterinary Teaching Hospital

Patient's Name _____ Owner's Name _____

Signalment

Species _____ Breed _____ Sex _____ Date of Birth/Age _____

History and Pertinent Clinical Data

Multiple horizontal lines for text entry under the History and Pertinent Clinical Data section.

OSU Veterinary Radiology
601 Vernon L. Tharp Street
Columbus, OH 43210-1089