



**Animal Radiology Clinic, PLLC**  
**Veterinary Referral Center of North Texas**  
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Dallas, Texas 75287  
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Diplomates, American College of Veterinary Radiology

**Referral Form**

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Referring DVM: \_\_\_\_\_

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

Clinic Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

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

Clinic Phone # \_\_\_\_\_

- Oncology Consult
- I-131 Treatment
- CT scan
- Radiographs
- Ultrasound
- Biopsy

**Nuclear Medicine**

- GFR
- Thyroid
- Bone scan 1 limb  
     with soft tissue phase
- Complete skeletal survey

please use the separate form for portal flow studies

Specific area of imaging interest \_\_\_\_\_

Please fax current lab work with this referral form.

Will you be sending radiographs?  No  with client  electronically (vetsdx@vetsdx.com)

Brief History / Purpose of Referral:

A written report of our findings and recommendations will be sent to you. Is there any other veterinarian who should also receive a copy of the report/images?

Dr. Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

**Thank you for your confidence in referring this patient to us,  
*the name you have trusted, Right From the Start***

**We look forward to working with you and your patients.**