Veterinary Diagnostic Imaging of Texas

CT / MR Interpretation Request

Date: _____

Referring Veterinarian: _____

Clinic: _____

Phone #:_____ **Fax #**: _____

Owner's Name: _____

Pet's Name:_____ **Species**: _____

Breed: _____ **Age**:_____ **Sex**: _____

Date of Exam: _____

Tentative Diagnosis: _____

Relevant history, physical exam findings and lab results: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Chris Kunze, DVM, DACVR | Winnie Lo, DVM, DACVR

PO Box 204269 | Austin, TX 78720 | (512) 585-1721 | vditonline.com

ACVR DIPLOMATE · AMERICAN COLLEGE OF VETERINARY RADIOLOGY ·