



Veterinary Diagnostic Imaging of Texas

Radiographic Consult Information

Date: _____

Referring Veterinarian: _____

Clinic: _____

Phone #: _____

Fax #: _____

Owner's Name: _____

Pet's Name: _____ Species: _____

Breed: _____ Age: _____ Sex: _____

Date of Radiographic Exam: _____

Anesthesia or Sedation? _____

Tentative Diagnosis: _____

Relevant history, physical exam findings, and lab results: _____

