

Radiology Referral Request
Village Oak Veterinary Hospital
3924 Oakdale Rd.
Modesto, CA 95357
(209)551-6200 fax (209)551-1040

Referring Veterinarian: _____ Client Name: _____

Hospital Name: _____ Phone #: _____

Patient Name: _____ Age, Sex, Breed: _____

Fax # () _____ Idexx #: _____ Antech #: _____

Date of Request: _____ Weight: _____

Summary of pertinent clinical history: (Please fax records)

Summary of blood work or radiographic abnormalities: (Please have client transport pertinent radiographs)

Is the patient currently taking medications? If so please list:

Do you anticipate needle aspiration or core biopsy is necessary? Yes _____ No _____

If yes, has owner's permission been obtained for the procedure? Yes _____ No _____

Has owner's permission been obtained for sedation or anesthesia? Yes _____ No _____

Please list and known anesthetic problems or drug reactions:

Note: To facilitate your clients visit, they should be briefed prior to referral regarding the costs and general risks of sedation, general anesthesia, or biopsy procedures. Evaluation of the pet's coagulation status is required prior to core biopsy procedures. Please call if you have any questions regarding fees, services, scheduling, or policies.

