

VCA South Shore (Weymouth) Animal Hospital

595 Columbian Street, S. Weymouth, MA 02190

P 781-337-6622 **F** 781-337-0069 **E** southshorereferral@vca.com

Referral Phone (Direct) 781-335-4919

Radiograph Consultation Request

Today's Date: _____

Referring Doctor: _____

Referring Hospital: _____

Phone Number: _____ Email: _____

Hospital Fax: _____ Number of images: _____

Which studies require interpretation*?

***PLEASE NOTE:** If whole body radiographs are sent, or multiple studies/extremities on the same patient, a radiology interpretation fee plus additional study fee(s) will be charged.

Patient Information

Owner Name: _____

Pet Name: _____

Species: ☐ Canine

☐ Feline

Sex: ☐ Male

☐ Female

Altered: ☐ Yes

☐ No

Breed: _____ Color: _____ Age: _____

Presenting Problem: _____

Pertinent History: _____

Would you like the radiology report sent via: ☐ Email ☐ Fax

If you are sending in a CD, please let us know if you would like it returned. ☐ Yes ☐ No

***The completed radiology report will be sent within 2 business days of receipt
Monday - Friday (excluding holidays).***

Please ensure this form is filled out in its entirety and emailed to **southshoreradconsult@vca.com** with the patient's images. If we have any questions, we will contact you via the hospital phone number listed above.

Thank you!

