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Radiograph Consultation Report

Patient Information

Pet Name _____ Age ____ Sex ____ Breed _____ Weight ____

Referring Veterinarian Information

Name _____ Clinic _____

Address _____

Phone _____ Fax _____ Email _____

Patient history: _____

Physical exam findings: _____

Previous diagnostics: _____

Medication/response: _____

Radiographic views (including dates and initial findings): _____

Thank You for your referral
Radiographs will be returned promptly

Fee will be noted on invoice that accompanies the radiographic report (if applicable)