

REQUEST FOR RADIOGRAPHIC INTERPRETATION

NOTE: THIS FORM IS FOR REFERRING VETERINARIANS ONLY!

Instructions:

- Radiographic interpretation services are provided during normal, weekday business hours.
- *No after-hours, weekend, or STAT radiographic interpretation is currently available.*
- All portions of the form must be filled out.
- Studies submitted without a billing address will not be interpreted.
- Fees will be billed to the referring veterinary practice/clinic submitting the study. Once images and this completed request form have been received, a written report will be sent to the email address provided.
- **Submit images and this completed request form via email to: radreferrals@cvm.tamu.edu.**

Image Format:

- MRI, CT, and pre-purchase images **MUST** be in DICOM format.
- **It is strongly recommended that all images are submitted in the original DICOM format.**
- TIFF and JPEG images can be submitted, but may be of lesser diagnostic quality.
- *No images smaller than 150 DPI (dots/pixels per inch) will be accepted for interpretation.*

****Pricing as of September 1, 2023, which is subject to change without notice.****

- Radiographic Interpretation (<10 Images): \$131.48
- Radiographic Interpretation (≥ 10 images): \$170.92
- Radiographic Interpretation Equine pre-purchase: \$368.14 (Must be in DICOM format)
- MRI/CT Interpretations: \$223.51 for primary area (MUST be in DICOM format)
- MRI/CT Interpretations: \$140 for additional areas (MUST be in DICOM format)

REFERRING VETERINARIAN INFORMATION

Referring Veterinarian's Last Name*

Referring Veterinarian's First Name*

Practice/Clinic Name*

Address*

City*

State*

Zip Code*

Phone Number*

Fax Number

Email Address*

Date of Request*

Is this your first VMTH request or referral?*

Yes

No

SEE ADDITIONAL PAGE

CLIENT / ANIMAL OWNER INFORMATION

Client's Last Name*		Client's First Name*	
Authorized Contact(s)*			
Address*	City*	State*	Zip Code*

PATIENT INFORMATION

Patient's Name*		Patient's Age (or estimate)*	
Patient's Species*	Patient's Sex* (Choose one.)		
	Male intact	Male neutered	Female intact Female spayed
Patient's Breed*	Number of Images*		
Area of Interest*	Date Imaged*		
Pertinent History, Physical, and Laboratory Findings*			