

DO YOU REQUIRE THE IMAGES BE RETURNED? ___YES ___NO

FOR OFFICE USE ONLY

Patient ID _____

Accession # _____

Extra Charge? _____

Colorado State University
COLLEGE OF VETERINARY MEDICINE AND BIOMEDICAL SCIENCES

Department of Environmental & Radiological Health Sciences

**Radiology Office
Veterinary Teaching Hospital
1620 Campus Delivery
Fort Collins, CO 80523-1620
Telephone: 970-297-1293
Fax: 970-297-4262
dimaging@colostate.edu**

DIAGNOSTIC IMAGING INTERPRETATION FORM

Referring Veterinarian: _____ Date: _____

Clinic: _____

Mailing Address: _____

City State Zip Code Email Address

TELEPHONE: _____ **FAX:** _____
___ (Check box if you would like a telephone report)

Owner: _____

EXAMINATIONS

Pet's Name: _____ Gender: _____

Breed: _____ DOB: _____ WT: _____

___ CT - \$70.00 ___ Prepurchase - \$55 minimum
___ MRI - \$70.00 ___ Radiographs - \$45.00
___ U/S - \$60-\$80

(Additional charges may apply)
Please make checks payable to: CSU

HISTORY, physical, laboratory, and clinical findings: