

CENTRAL HOSPITAL FOR VETERINARY MEDICINE Radiograph Consultation Form

Radiographs should be labeled with clinic name and return address.

Mail to:

Diagnostic Imaging

New Haven Central Hospital for Veterinary Medicine, Inc.

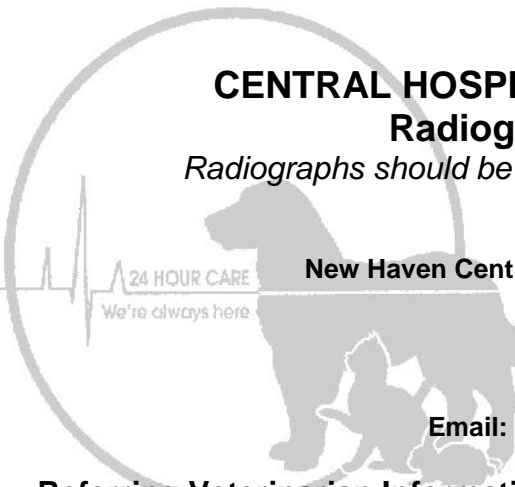
4 Devine Street

North Haven, CT 06473

Phone : (203) 865-0878

Fax: (203) 867-5141

Email: lrozear@centralpetvet.com



Referring Veterinarian Information

Name: _____ Phone: _____

Clinic/Hospital: _____ Fax: _____

Address: _____

Email: _____

Patient Information

Name: _____ Owner's Name: _____

Species: _____ Breed: _____ Sex: _____ Age: _____

Clinical history/test results/working diagnosis

Images included: _____

Other Comments: _____
