



CENTRAL HOSPITAL FOR VETERINARY MEDICINE
Diagnostic Imaging
Patient Referral Form

Please return to Dr. Rozear at Central Hospital for Veterinary Medicine by e-mail, fax or US Mail. Send medical records and test results prior to the date of appointment. Include any radiographs labeled with clinic name and return address. Clients may call seven days a week to schedule a consult. Dr. Rozear is available Monday through Friday to discuss a potential referral or e-mail him directly anytime.

Diagnostic Imaging
Central Hospital for Veterinary Medicine, Inc.
4 Devine Street North Haven, CT 06473
Phone : (203) 865-0878
Fax: (203) 867-5141
Email: imaging@centralpetvet.com

Date: _____

Referring Veterinarian Information:

Doctor's Name: _____ Hospital Name: _____
Address: _____ City: _____ State _____ Zip _____
E-Mail: _____

How would you prefer to be contacted about this case?

Phone Fax E-mail

Client Information:

Name: _____

Address _____

Phone: _____ E-mail _____

Patient Information:

Name _____ Species _____ Breed _____
Sex _____ Neutered: Yes No Date of Birth _____

Reason for Referral:

Relevant lab results (list or attach):

Test to be performed

Ultrasound

Abdomen	Cardiac
Non-cardiac thorax	Neck

Other/comments: _____

Needle aspirates/Biopsy: _____

Radiography/Contrast Procedure

Study to be performed: _____

Comments: _____

CT Scan

Study to be performed: _____

Comments: _____

Please inform the owner of the following:

Food should be withheld for 12-15 hours prior to the procedure for optimal image quality and in the case that sedation/anesthesia is required. If this is not possible for medical reasons, please contact Dr. Rozear. Withholding water is not necessary.

For ultrasonographic procedures, the area of interest will be shaved to optimize image quality and maximize the diagnostic potential of the test.

For other tests, please call Dr. Rozear for specific preparatory instructions.

How would you like the medical records back?

Fax (*preferred*) Email Mailed Client will bring

Thank you for your referral!