

**Radiographic Referrals
Diagnostic Imaging & Radiology
KSU Veterinary Medical Teaching Hospital
106 Mosier Hall/1800 Denison Ave.
Manhattan, KS 66506-5701**

Phone: (785) 532-4171

Fax: (785) 532-4309

The referral charge is \$56.00 per case. Prepaying whenever possible by sending a check with the films is appreciated.

PLEASE CLEARLY LABEL ALL FILMS WITH CLINIC INFO AND PATIENT NAME

Referring Veterinarian: _____

Clinic Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Client's Name: _____ **Animal's Name** _____

Species: _____ **Breed:** _____ **Sex:** _____

Age: _____ **Weight:** _____

Radiographic Examinations:

Type: _____

Date(s) Taken: _____

If Contrast Used Type: _____ Dose: _____

Patient History: _____

Physical Exam Findings: _____

(continued on back)

Significant Laboratory Data: _____

Specific Questions You Would like Answered: _____

SUBMIT