



# RADIOLOGY REFERRAL FORM

DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

History: \_\_\_\_\_

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\_\_\_\_\_

2369 North Triphammer Rd.  
Ithaca, NY 14850

Phone 607 257-3650  
Fax 607 257-7009

[www.colonialvet.com](http://www.colonialvet.com)

## Surgery

J. Thomas Ross, DVM  
Diplomate, American College  
of Veterinary Surgeons

## Radiology

Alain Giroux, DVM, MSc,  
Diplomate, American College  
of Veterinary Radiologists

## Cardiology

Anna R. Gelzer, DVM, MS,  
Diplomate, American College  
of Veterinary Internal Medicine  
(Cardiology)

## Oncology

Ken Rassnick, DVM  
Diplomate, American College  
Of Veterinary Internal Medicine  
(Oncology)

## Internal Medicine

Michael Koch, VMD  
Diplomate, American College  
Of Veterinary Internal Medicine

## Acupuncture

Heather Murley, DVM

## General Practice

Jenneka McCarty, VMD  
Ellen Tremante, DVM  
Catherine Hegarty-Ross, DVM  
Ashleigh Newman, VMD

## Services requested (Please circle all that apply)

### Radiographs

Board Certified Radiologist

Interpretation (\$57.00)

Hold for Appt. (no charge)

Other: \_\_\_\_\_

### Ultrasound

Out-Patient -- Case Referral

Abdomen

Specific Organ: \_\_\_\_\_

Other: \_\_\_\_\_