



### TELERADIOLOGY REQUEST

This form is used for Imaging Review or Interpretation ONLY

Please email images directly to Dr. Sean Freer at [sfreer@piepermemorial.com](mailto:sfreer@piepermemorial.com)  
Please include ALL of the information below in the email or feel free to fax or email this form to Dr. Freer's immediate attention.

A \$55 interpretation fee will be charged to the referring veterinary hospital. STAT interpretations (report generated within 1 hour) will incur an additional \$25 fee. Please call ahead to check availability for STAT interpretation.

#### Referring Veterinarian

Name \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

#### Client

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### Patient

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Weight \_\_\_\_\_

*\*For the safety of your patient, please complete this form in full. If any information is missing, we are unable to perform imaging.*

**Chief Complaint (attach more pages if needed):** \_\_\_\_\_

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

**Diagnostics:** \_\_\_\_\_

**Treatments/Medications:** \_\_\_\_\_