



## Teleradiology Request

**This form is used for Imaging Review or Interpretation ONLY**

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

### Referring Veterinarian

Name \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Client

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Patient

Name \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Rabies Expiration Date \_\_\_\_\_ Rabies Status Unknown \_\_\_\_\_

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

Primary Complaint: \_\_\_\_\_

\_\_\_\_\_

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

*(please attach or email a copy of the medical record)*

\_\_\_\_\_

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

*(please email or send a copy with owner)*

\_\_\_\_\_

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

\_\_\_\_\_

Client Communications: \_\_\_\_\_

\_\_\_\_\_

### Pieper Memorial Veterinary Center

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### Pieper Veterinary Madison

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