



Teleradiology Request

Referring Veterinarian

This form is used for Imaging Review or Interpretation ONLY

Please email images directly to Dr. Sean Freer at sfreer@piepervet.com

Please include ALL the information below in the email or feel free to fax 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 / Age _____ Color _____

Sex _____ Weight _____ Rabies Expiration Date _____ **OR** Rabies Status Unknown

Patient History

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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