

NEW HAVEN CENTRAL HOSPITAL FOR VETERINARY MEDICINE
Radiograph Consultation Form

Radiographs should be labeled with clinic name and return address.

Mail to:

Diagnostic Imaging
New Haven Central Hospital for Veterinary Medicine, Inc.
843 State Street
New Haven, CT 06511
Phone : (203) 865-0878
Fax: (203) 867-5141
Email: lrozear@centralpetvet.com

Referring Veterinarian Information

Name: _____ Phone: _____

Clinic/Hospital: _____ Fax: _____

Address: _____

Email: _____

Patient Information

Name: _____ Owner's Name: _____

Species: _____ Breed: _____ Sex: _____ Age: _____

Clinical history/test results/working diagnosis

Images included: _____

Other Comments: _____
