

VETERINARY TEACHING HOSPITAL  
UNIVERSITY OF ILLINOIS  
1008 W. HAZELWOOD DRIVE  
URBANA, IL 61802

Imaging Office 217-333-1800, Imaging FAX 217-333-9796  
Small Animal Clinic 217-333-5300, Large Animal Clinic 217-333-2000  
[vetmed.illinois.edu/4dvms](http://vetmed.illinois.edu/4dvms)

**RADIOLOGISTS**

Robert O'Brien, DVM, MS, ACVR  
Jodi Matheson, DVM  
Ines Carrera, MVM

**RADIOLOGY REFERRAL**

*Please Print Or Type. Please Fill Out This Form In Its Entirety*

Submission date: \_\_\_\_\_

Submitting Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

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

FEI#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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Owner's Name \_\_\_\_\_

Animal's Name \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ DOB \_\_\_\_\_ Sex (Circle) F Fs M Mc

Pertinent Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please send me more of these forms \_\_\_\_\_