Non-VHA Outfilm Radiographic Consultation Form

Please fax (612) 624-4725 or mail this form with the images:

Medical Imaging Service
U of MN Veterinary Medical Center
1365 Gortner Avenue
St. Paul, MN 55108
http://www.cvm.umn.edu/vetrad

Send digital images as DICOM (.dcm) to server:

AE Title: D6541
Hostname/IP Address: 134.84.120.106
Port: 4006
Email: vetpacs@umn.edu

*JPEG, BMP, TIFF images cannot be accepted

Contact Information

Veterinarian: ________________________________
Clinic Name: ________________________________
Clinic Address: ________________________________
City/State/Zip: ________________________________
Phone: ________________________________
Fax: ________________________________

(Reports will be faxed to the number provided)

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Hostname/IP Address: 134.84.120.106
Port: 4006
Email: vetpacs@umn.edu

*JPEG, BMP, TIFF images cannot be accepted

Images

Number of Images: ________________________________ Date of Study: ________________________________

☐ Analog Films ☐ Included on CD (DICOM only) ☐ Sent to Server (DICOM only) ☐ Emailed (DICOM only)

History & Pertinent Clinical Information

UMN Case Number: ________________________________

Patient’s Name: ________________________________
Species/Breed: ________________________________
History: (please complete) ________________________________
Owner’s Name: ________________________________
Sex/DOB/Age: ________________________________

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