



**REQUEST FOR CT/MRI  
RECORDS TRANSFER**

**SEND THIS REQUEST FORM TO:**

**Email: [RADIOLOGY@SNHVRH.COM](mailto:RADIOLOGY@SNHVRH.COM)**

Or

**Fax: (603) 782 – 8167**

**Please call 603-782-8181 for mailbox #651 to request via phone (responses take up to 24 hours Tues-Fri)**

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REQUESTOR'S NAME \_\_\_\_\_ REQUESTOR'S PHONE \_\_\_\_\_

FACILITY RECEIVING RECORDS \_\_\_\_\_

DOCTOR RECEIVING RECORDS \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

EMAIL ADDRESS FOR SENDING RECORDS \_\_\_\_\_

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CLIENT NAME \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

Breed \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

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**NOTES FOR OUR RADIOLOGY DEPARTMENT:**

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**Please be aware it can take up to 24-36 hours to process the record transfers Tuesday through Friday. Considerations can be made in the case of emergencies on Mondays. Please call our office at (603) 782-8181 for more information.**

**Southern New Hampshire Veterinary Referral Hospital  
336 Abby Road, Manchester, NH 03103**