

VETERINARY IMAGING PARTNER

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RADIOLOGICAL REPORT REQUEST FORM

For teleradiology, please submit by email or fax, or include in postal envelope with CD/films.

Referring veterinarian	Date of radiography
Practice	Telephone
Address (postal)	Cell
	Email

Owner	Pet name
Breed	Gender: F / FN / M / MN
Age: (yrs and months)	

HISTORY: Include pertinent history and relevant clinical findings including any treatment given and response

RADIOGRAPHIC PROCEDURE: Include dates, views, any sedation/GA, contrast agents etc.