



SUBMISSION FORM FOR X-RAY INTERPRETATION

DATE OF SUBMISSION:

PLEASE COMPLETE AND POST, FAX OR E-MAIL TO US WHEN SUBMITTING RADIOGRAPHS FOR INTERPRETATION
EMAIL: admin@scvetspecialists.co.uk

<p>PRACTICE DETAILS:</p> <p>VETERINARY SURGEON</p> <p>PRACTICE</p> <p>ADDRESS</p> <p>.....</p> <p>POSTCODE</p> <p>TEL</p> <p>FAX</p> <p>EMAIL</p>	<p>PATIENT DETAILS</p> <p>OWNER NAME</p> <p>OWNER ADDRESS</p> <p>.....</p> <p>POSTCODE</p> <p>PET NAME</p> <p>SPECIES <input type="checkbox"/> CANINE BREED.....</p> <p><input type="checkbox"/> FELINE COLOUR.....</p> <p>AGE SEX FE FN ME MN</p>
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<p>BRIEF SUMMARY OF CLINICAL HISTORY:</p> <p>SPECIFIC QUESTIONS TO BE ANSWERED:</p>	<p>REQUIRED: (PLEASE TICK BOX)</p> <ul style="list-style-type: none"> • RADIOLOGIST OPINION ON THE X-RAYS <input type="checkbox"/> • ADVICE ON CASE MANAGEMENT FROM: <p>CARDIOLOGY <input type="checkbox"/></p> <p>INTERNAL MEDICINE <input type="checkbox"/></p> <p>NEUROLOGY <input type="checkbox"/></p> <p>ORTHOPAEDIC SURGERY <input type="checkbox"/></p> <p>SOFT TISSUE SURGERY <input type="checkbox"/></p>
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DO YOU REQUIRE AN URGENT REPORT FOR THIS CASE (WITHIN 24 HOURS EXCL. WEEKENDS) **Yes** **No**

PLEASE ADD THE BEST CONTACT TELEPHONE NUMBER AND/OR EMAIL ADDRESS:

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<p>TYPES OF IMAGES <input type="checkbox"/> DIGITAL <input type="checkbox"/> FILMS <input type="checkbox"/> DICOM (FTP SERVER)</p> <p>NUMBER OF IMAGES:</p>	<p>REPORT REQUIRED</p> <p><input type="checkbox"/> WRITTEN (CHARGABLE)</p> <p><input type="checkbox"/> VERBAL (NO CHARGE)</p> <p>BEST TIMES TO CALL:</p>
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