



# SUBMISSION FORM FOR X-RAY INTERPRETATION

DATE OF SUBMISSION:

PLEASE COMPLETE AND E-MAIL, POST OR FAX TO US WHEN SUBMITTING RADIOGRAPHS FOR INTERPRETATION  
EMAIL: [advice@scvetspecialists.co.uk](mailto:advice@scvetspecialists.co.uk)

<p><b>PRACTICE DETAILS:</b></p> <p>VETERINARY SURGEON .....</p> <p>PRACTICE .....</p> <p>POSTCODE .....</p> <p>TEL .....</p> <p>MOB .....</p> <p>EMAIL .....</p>	<p><b>PATIENT DETAILS</b></p> <p>OWNER NAME .....</p> <p>OWNER ADDRESS .....</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><b>BRIEF SUMMARY OF CLINICAL HISTORY:</b></p>  <p><b>WHAT QUESTION(S) DO YOU REQUIRE TO BE ANSWERED? (PLEASE SPECIFY)</b></p>  <p>IT IS VITAL WE RECEIVE THE ABOVE INFORMATION TO ENABLE US TO PROVIDE YOU WITH AN INTERPRETATION.</p>	<p><b>REQUIRED: (PLEASE TICK BOX)</b></p> <ul style="list-style-type: none"> <li>• RADIOLOGIST OPINION ON THE X-RAYS <input type="checkbox"/></li> <li>• ADVICE ON CASE MANAGEMENT FROM: <ul style="list-style-type: none"> <li>CARDIOLOGY <input type="checkbox"/></li> <li>INTERNAL MEDICINE <input type="checkbox"/></li> <li>NEUROLOGY <input type="checkbox"/></li> <li>ORTHOPAEDIC SURGERY <input type="checkbox"/></li> <li>SOFT TISSUE SURGERY <input type="checkbox"/></li> </ul> </li> </ul>
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IF YOU REQUIRE URGENT ADVICE FOR THIS CASE (MONDAY TO FRIDAY 8.30-6PM), PLEASE CONTACT US VIA TELEPHONE ON 01425 485615

<p><b>TYPES OF IMAGES</b>    <input type="checkbox"/> DICOM (FTP SERVER)    <input type="checkbox"/> JPEGS    <input type="checkbox"/> FILMS</p> <p><b>NUMBER OF IMAGES (REQUIRED):</b> .....</p> <p>PLEASE SEND DICOM IMAGES WHERE POSSIBLE. WE ARE HAPPY TO HELP YOU SET UP A SYSTEM TO SEND US LARGER FILES SUCH AS DICOMS AND VIDEOS. JPEG COMPRESSION CAUSES A LOSS IN IMAGE DETAIL, WHICH COULD LEAD TO A MISDIAGNOSIS.</p>	<p><b>BEST TIMES TO CALL:</b> .....</p> <p>WE WILL ENDEAVOUR TO CALL YOU WITHIN 2 WORKING DAYS.</p>
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