



SOUTHERN COUNTIES VETERINARY SPECIALISTS

Form IM2

SUBMISSION FORM FOR X-RAY INTERPRETATION- CARDIOLOGY/ MEDICINE

PLEASE COMPLETE AND FAX OR MAIL TO US WHEN SUBMITTING RADIOGRAPHS FOR INTERPRETATION

FAX: 01425480849 EMAIL: radiology@scvetspecialists.co.uk

<p>PRACTICE DETAILS:</p> <p>VETERINARY SURGEON</p> <p>PRACTICE</p> <p>ADDRESS</p> <p>.....</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 style="padding-left: 100px;"><input type="checkbox"/> FELINE</p> <p>AGE SEX FE FN ME MN</p>
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SUMMARY OF CLINICAL HISTORY AND COMMENTS

<p>RADIOGRAPHIC VIEWS SUBMITTED <input type="checkbox"/> DIGITAL <input type="checkbox"/> FILMS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>REPORT REQUIRED</p> <p><input type="checkbox"/> WRITTEN (£42.55 +VAT)</p> <p><input type="checkbox"/> VERBAL (NO CHARGE)</p> <p style="text-align: center;">BEST TIMES TO CALL:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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