

To be completed by radiographer if possible

Date of Imaging:	Details of study performed:
Scans sent for interpretation	

To be completed by veterinary surgeon
Client Details

Referring Vet:	Site Name:	
E mail Address:	Practice Telephone:	
Owner name:	Species:	Breed:
Patient name:	Age:	Sex:

Clinical Information

Relevant History:	
Results of other imaging studies completed:	Significant test results:

Specific questions to be answered:
(please include here and specific questions you have about the imaging findings or what you are trying to establish about the case)

EXPRESS SERVICE (check box if studies uploaded and 24 hour service required)