



FAX THIS ORDER TO: 972.869.9916

PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

F58 €; F5 D< 'BH9 FDF9 H5 HCB FORM – EQUINE

Radiographs submitted will have a report generated within 24 hours. If a STAT is requested, an additional charge will incur.

Patient Name*: _____ Age*: _____ Gender*: _____

Breed*: _____ Date of Request*: _____

Owner's Name*: _____ Phone*: _____

Owner's Address*: _____ City*: _____ State*: _____ Zip*: _____

Other Authorized Party/Relationship: _____ Phone: _____

Referring Veterinarian*: _____ Preferred Contact Phone*: _____

Clinic Name*: _____

Address*: _____

Email*: _____ Fax*: _____

Please send any images previously obtained if related to the area of interest*: Sent digitally** Sent via Courier
**Images should be submitted in DICOM format for an accurate interpretation. Mailed

DVMInsight is our preferred software platform.

Specific area of interest*: _____

History/lameness exam finding*: _____

Symptoms*: _____

Additional exam you are prescribing*: _____

Veterinarian's Signature*: _____ *Required field.