



Please use this form and send radiographs by mail or hand deliver:  
Rita Echandi, DVM, DACVR  
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## RADIOGRAPHIC INTERPRETATION FORM – SMALL ANIMAL

**WE HIGHLY RECOMMEND THAT YOU SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.**

Owner's Last Name\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Animal's Name\*: \_\_\_\_\_ Sex\*:  M  F Neutered\*:  Yes  No

Species/Breed\*: \_\_\_\_\_ Age\*: \_\_\_\_\_

Veterinarian\*: \_\_\_\_\_

Clinic Name\*: \_\_\_\_\_

Preferred Contact Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

Plain Radiographic Films and Discs submitted via\*:  Regular mail  Antech  Courier

**\*\*The request for digital radiographic interpretation needs to be submitted via DVM Insight. Please contact us directly to learn more about DVM Insight.\*\***

Number of Images submitted\*: \_\_\_\_\_

Case history/comments or additional instructions\*:  
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Veterinarian's Signature\*: \_\_\_\_\_ \*Required field.