



# REQUEST FOR DIAGNOSTIC IMAGE INTERPRETATION

Date

Referring Hospital & Veterinarian

### CLIENT & PATIENT INFORMATION

|  |       |     |                  |  |      |
|--|-------|-----|------------------|--|------|
| Client Last Name   |       |     | First Name       |  |      |
| Species  | Breed | Age | Sex<br>M MN F FS |  | Name |
| Was the patient given any medication or chemical restraint at the time of imaging? |       |     |                  |  |      |

Relevant History / Reason for Interpretation Request

**RADIOGRAPH INTERPRETATION** Survey Radiographs (eg. Thorax, abdomen, spine, joint, long bone)

Survey Radiographs (Up to 4 views) **\$60.00**

Survey Radiographs (5+ views) and/or Contrast Study **\$80.00**

**ULTRASOUND INTERPRETATION \$100.00**

**MRI INTERPRETATION \$150.00**

**CT INTERPRETATION \$150.00**

**\*\*\*\*How would you like your radiographs returned to your clinic?\*\*\*\***

Our clinic will arrange pick up

BBVSH to ship back via Puralator (\$13.00 charge)

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