

## REQUEST FOR DIAGNOSTIC IMAGE INTERPRETATION

Date

Referring Hospital & Veterinarian

**CLIENT & PATIENT INFORMATION**

Client Last Name			First Name		
Species	Breed	Age	Sex	Name	
			M MN F FS		
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 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

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