



Please use this form and send radiographs by mail or hand deliver:
Rita Echandi, DVM, DACVR
Debra Gibbons, DVM, MS DACVR
Myra Barrett, DVM, MS DACVR (consulting equine radiologist)

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*: _____

Other Authorized Party/Relationship: _____

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

Species/Breed*: _____ Age*: _____

YOUR CONTACT INFORMATION

Clinic Name*: _____ Veterinarian*: _____

Phone*: _____ Fax*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Radiographs submitted via*:

- Regular mail Antech IDEXX Courier

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

Case history/comments or additional instructions*:

**Required field.*