

Today's Date: \_\_\_\_\_



www.westernvet.ca

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### Radiographic Interpretation Form (available online at www.westernvet.ca)

**Owner Information:** Client Name: \_\_\_\_\_  
 Primary Phone: ( ) \_\_\_\_\_ Additional: ( ) \_\_\_\_\_

**Patient Information:** Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sex: F FS M MN Date of Birth: mm/dd/yyyy Weight: \_\_\_\_\_ kg

**Referring Veterinarian Information:** Hospital Name: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Other veterinarians involved in this case: \_\_\_\_\_

Please indicate how you are sending the following:

	Email or Online	Fax	With Owner	Courier
Radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Clinical History:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**Physical Exam / Laboratory Finding (please enclose lab results if possible :** \_\_\_\_\_  
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