

NKR VETERINARY SPECIALISTS

NORTH KENT REFERRALS

Complete Support When You Want It

RADIOLOGY REPORT REQUEST FORM

Please send the films and this completed form to us at our Kent address. We will report via e-mail or fax (please tick preferred method) and a following hard copy letter.

Your Information

Practice:		Report Method
Referring Veterinary Surgeon:		
Telephone Number:		
Fax Number:		<input type="checkbox"/>
Email Address:		<input type="checkbox"/>

Patient Information

Owner's Surname:	
Patient Name:	
Breed:	
Age/Date of Birth:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Request Information

Study:	Format Submitted: Film <input type="checkbox"/> CD / DVD <input type="checkbox"/>
Number of Radiographs:	
History (including current treatment):	
Further Comments:	

Please enclose with films or fax to 01634 672 572



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