



CRVS Radiology Review Request

Please take a few minutes to fill out the radiograph review request form *before* sending radiographs and records.

Informal reviews- Will be viewed by the orthopedic/oral surgeon and a quick call or email will be sent to the requesting DVM and there is no fee.

Formal reviews- Will be viewed by the orthopedic/oral surgeon and a formal summary of findings/recommendations will be prepared and sent over. Orthopedic radiograph reviews there is a fee of \$73.00 and oral surgery dental reviews is \$58.00 Please send any records or SOAP notes as any additional information will be helpful to the doctor.

Informal Request

Client Name (First and last) _____

Patient Name- _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Hospital: _____ Requesting DVM: _____

Clinic email address or contact number: _____

Summary for surgeons: _____

Formal Request

Client Name (First and Last) _____

Client Phone Number: _____

Patient Name: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Hospital: _____ Requesting DVM: _____

Clinic Email address: _____