

Request for Radiographic Interpretation

Date: _____

Client: _____

Hospital: _____

Patient: _____

Dr.: _____

Species: K-9 Feline Other

Phone: _____

Breed: _____

Fax: _____

Sex: F FS M MC

Age: _____

Years Months Weeks

Clinical Signs:

Please send radiographs/request to:
Jeff Siems, MS, DVM, DACVR
Inland Empire Veterinary Imaging
21 East Mission
Spokane, WA 99202
Phone: 509-326-3427
Fax: 509-326-7213