

VETERINARY SURGICAL SPECIALISTS

Operating with care.

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RADIOLOGY INTERPRETATION REQUEST FORM

DATE

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PATIENT INFORMATION	
Client Name	
Pet's Name	
Breed	
Dog <input type="checkbox"/>	Cat <input type="checkbox"/> Other
Date of Birth	
Sex: M <input type="checkbox"/>	CM <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/>

REFERRAL HOSPITAL
Dr.
Hospital
Address
Phone
Fax
Email*

* (Email is our preferred method of communication)

Case History:

Radiographs Performed: **Digital Routing to VSS: AE Title: RAPIDSTORE97035 Host name: rapidstore.vssoc.com Port: 104 Please alert us by email that you have sent films directly to the VSS Server.**

Referral Doctors Observations and Questions: