

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 Cat Other

Date of Birth

Sex: M CM F FS

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: VSSOCROUNTER IP: 12.197.47.196 Port: 104

Please alert us by email that you have sent films directly to the VSS Server.

Referral Doctors Observations and Questions:

Diane Craig, DVM, DACVS ▪ Tony Cambridge, BVMS, DACVS ▪ Peter Sebestyen, DVM, DACVS
dcraig@vssoc.com tcambridge@vssoc.com psebestyen@vssoc.com

Orthopedic ▪ Soft Tissue ▪ Arthroscopic ▪ Oncologic ▪ Reconstructive ▪ Neurologic ▪ Cardio/Thoracic