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RADIOGRAPH SUBMISSION FORM

Date _____

Veterinarian _____

Practice _____

Phone _____

Address _____

Patient Name _____

Breed _____

Age _____

Sex _____

Client name (last, first) _____

Number of images submitted: _____ Area(s) imaged _____

(circle one) films disc Digital images - enter Vetpacs code: _____

Service requested (check one) Formal written report \$64

Oral report \$44

CT interpretation \$79

Method of payment (check one) Check enclosed - amount \$ _____

Credit card Visa MC Amex Disc

card number _____ exp ____ / ____

Chief complaint or working diagnosis _____

History _____

Physical findings _____

Treatments _____

Special requests or comments _____