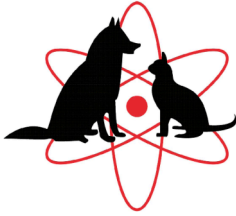


# Request for Image Interpretation



**Animal Radiology Clinic, PLLC**  
**Veterinary Referral Center of North Texas**  
**Catherine Lustgarten, D.V.M., M.S.**  
**Ronald Green, D.V.M., M.S.**

4444 Trinity Mills Rd, Suite 100  
Dallas, TX 75287  
972 / 267-3500 ph

Diplomates, American College of  
Veterinary Radiology  
972 / 267-3600 fax

Requesting Dr. \_\_\_\_\_ (who the report goes to)

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Clinic phone # \_\_\_\_\_ Clinic FAX # \_\_\_\_\_

**Patient Information:**

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Species: \_\_\_\_\_ Sedated? \_\_\_\_\_

Image Date \_\_\_\_\_

Detailed Interpretation, Phone Call & Faxed report

Brief Interpretation, Faxed report (default if no selection is made)

STAT report & phone call (must call to alert us)

Radiographs

Ultrasound

CT or MRI

Pertinent History (brief), Physical Findings, Clinical Data:

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Please do not write in this area.

faxed \_\_\_\_\_ recorded \_\_\_\_\_