

**AVS-Maitland**  
9905 S. U.S. Highway 17-92  
Maitland, FL 32751



**AVS-Waterford Lakes**  
11011 Lake Underhill Rd.  
Orlando, FL 32825

[www.AVSpecialists.com](http://www.AVSpecialists.com)  
[vet@AVSpecialists.com](mailto:veter@AVSpecialists.com)

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**Patient Information:**

Client: \_\_\_\_\_  
Patient: \_\_\_\_\_  
ID#: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
FAX: \_\_\_\_\_

**Veterinarian:**

Dr. \_\_\_\_\_  
Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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Pertinent History, Physical Examination Findings and Lab Results:

Specific Questions regarding the radiographs (if any; please mark with grease pencil if a particular aspect of the radiograph is in question)?

Date of Radiographs: \_\_\_\_\_; Radiographic Study: \_\_\_\_\_ (if special procedure was done, please indicate contrast medium used, dosage and time of radiographs post contrast administration).

In house use only:

Charge: \$60.00

Date received: \_\_\_\_\_