West Coast Veterinary Dental Services

Phone 604-473-3605 Fax 604-473-3620 Email team@wcvds.ca

Radiograph Review

Today's Date _____

Client Information

Client Last Name(s):	Client First Name(s):	
Street Address	City:	Postal Code:
Primary Number:	Other:	Email:

Has this patient or client been to our clinic before? ☐ Yes ☐ No

Patient Information

Name:	Species/Breed:	Colour:
Sex:	Date of Birth:	Age:

Referring Clinic Information

Veterinary Hospital:	Work #
Veterinarian:	Fax #
Email:	

Refer to:

☐ Any ☐ Dr. Loïc Legendre ☐ Dr. Angie Bebel ☐ Dr. Olivia Saunders (resident)

Please submit radiographs in jpeg format

Number of Dental Radiographs being submitted:

Reason for Review and what do you really want to know (please print/write legibly)