



## ECG / THORACIC RADIOGRAPHY INTERPRETATION REQUEST FORM

Please send the completed form and ECG trace/ Radiographs to us via mail, fax or email  
(contact details are reported below)

Cost of ECG analysis / Radiographic Interpretation £ 28.00 + VAT

<b>Clinician's details</b>	
Name:	_____
Practice:	_____
Address:	_____
Telephone:	_____
Facsimile:	_____
Email address:	_____

<b>Patient's details</b>	
Name or ID:	_____
Species:	_____
Breed:	_____
Sex:	_____
Age:	_____
Weight:	_____

<b>Brief history of the patient:</b> _____
_____
_____
_____
_____

<b>ECG recording (please label the trace, if necessary)</b>			
<i>Date &amp; Time of recording</i>	__ / __ / 20__	__ : __	
<i>Paper Speed</i>	<input type="checkbox"/> 10 mm/sec	<input type="checkbox"/> 25 mm/sec	<input type="checkbox"/> 50 mm/sec
<i>Calibration</i>	<input type="checkbox"/> 5 mm/mV	<input type="checkbox"/> 10 mm/mV	<input type="checkbox"/> 20 mm/mV
<i>Patient's position</i>	<input type="checkbox"/> Right Lateral	<input type="checkbox"/> Left Lateral	<input type="checkbox"/> Standing/Sternal
<i>Patient's demeanour</i>	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Nervous/shivering	<input type="checkbox"/> Restless/shaking
<i>Sedation used</i>	<input type="checkbox"/> None	<input type="checkbox"/>	_____

Please let us know how you would like to receive your ECG/Radiography report

First class mail       Facsimile       Telephone       Email