

PLEASE FILL THIS FORM IN & SEND WITH FUTURE X-RAYS

# LAVELLE'S DIAGNOSTIC IMAGING

ABN755 75202799

80 Ashworths Road, Lancefield 3435 Phone: 03 5429 1682

## Canine Hip & Elbow Dysplasia Evaluation

Dr Roger Lavelle

MA Vet MB MRCVS DVR FANZCVS FAVA

Please provide the details below:

Microchip No: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Date Radiograph taken: \_\_\_\_\_

KC Reg No: \_\_\_\_\_

Name of Owner:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Signature of Owner:  
\_\_\_\_\_

Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

*Please print clearly*

### Copy of Pedigree must be submitted with the radiographs

The results of the examination will be used at a future date for the purposes of statistical research which will be published.

Please circle which images are being sent:    Hips        Elbows

**Signature of Veterinarian** taking images under general anaesthetic: \_\_\_\_\_

Name and Address of Veterinary Practice: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

*Please print clearly*

**Fees:** Hips & Elbows \$100.00 – Hips \$80.00 – Elbows \$30.00 – Routine Radiological Assessment (Small Animals) \$85.00 – Routine Radiological Assessment Horse \$120.00

Please inform Dr R B Lavelle, 80 Ashworths Road, Lancefield, Victoria, 3435 if you object to the use of the results. Telephone (03) 5429 1682 BH. General enquiries please phone Annie on 0419 104 208

**To make Payment: Account Name: Lavelles Diagnostic Imaging:**

Please tick - Cheque  Direct Debit : Bank: CBA Account Name: Lavelles Diagnostic Imaging BSB: 063 541 Account No: 10608568. In the description please enter your name and a copy of receipt.