



Radiograph Set Submission Form

This form is to be completed and signed by the Resident and by the Supervisor.

A Radiograph Set will **not be reviewed if this completed Submission Form, including Supervisor signature, is not included in the DMS document.**

Certification by Resident:

I certify that I have read the AVDC Radiograph Set requirements provided online by AVDC and that the images in the Radiograph Set accompanying this form were made by me, and that the layout and labelling of the images was created by me.

Name of Resident	
Type of Radiograph Set	<u>Canine</u> <u>Feline</u> <u>Equine</u> <i>(delete as appropriate)</i>
DMS Email address of Resident, in lieu of signature	

Certification by Supervisor:

I certify that I have read the AVDC Canine/Feline or Equine Radiograph Set requirements provided online by AVDC and that I have reviewed the Radiograph Set created and formatted by the Resident, and that I approve the Set as meeting the AVDC Radiograph Set Requirements.

Name of Supervisor	
DMS Email address of Supervisor, in lieu of signature	

This form is to be completed and submitted as a file uploaded file in the DMS Radiograph Set submission