EMAIL OR FAX THIS REFERRAL TO:
info@animalimaging.net – (972) 869-9916

Please include the most recent physical exam findings and laboratory results with this form

NUCLEAR MEDICINE REFERRAL FORM – EQUINE

Patients are sedated only. They are required to stay two nights after the scan to excrete radioactivity and allow time for additional imaging if needed. An exam will be performed the day after the scan.

Registered Name*: Date of submission*:

Barn Name*: Breed*: Color*: Age*:

Gender*: ☐ Mare ☐ Gelding ☐ Stallion

Owner's Name*: Phone*:

Owner's Email*:

Main Contact (if different from Owner)*:

Email*: Phone*:

Referring Veterinarian*: Phone*:

Clinic Name*:

Email to send copy of report to*: Fax*:

Please check exam you are prescribing for this patient. Please only request one area*.

☐ Full Bone Scan Insured*? ☐ Yes ☐ No

☐ Front Half Bone Scan (includes cervical spine)

☐ Back Half Bone Scan (includes cervical spine)

☐ Region of Interest** (10 images or less) **** Target Area for Region of Interest: ________________**

Specific area of interest*:

Reason for exam*:

Recent blocking history or joint injection history*:

Symptoms/Clinical Signs*:

Previous Surgery*? ☐ Yes ☐ No

Additional exam you are prescribing*:

Other comments:

Veterinarian's Signature*:

**Required field.*

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