



FAX THIS ORDER TO: 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 overnight the day of the study to excrete radioactivity. An exam will be performed the day after the scan.

Registered Name*: _____ Breed*: _____

Barn Name*: _____ Age*: _____ Date of Request*: _____

Color*: _____ Gender*: Mare Gelding Stallion

Owner's Name*: _____ Phone*: _____

Owner's Address*: _____ City*: _____ State*: _____ Zip*: _____

Email*: _____

Referring Veterinarian*: _____ Preferred Contact Phone*: _____

Clinic Name*: _____

Address*: _____

Email*: _____ Fax*: _____

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

Insured*? Yes No

- Full Bone Scan
 Front Half Bone Scan (includes cervical spine)
 Back Half Bone Scan (includes cervical spine)
 Region of Interest** (10 images or less)

Tissue Phase Needed? Y N

Target Area _____

** Target Area _____

Image Viewing Preference: CD Link to Images

Specific area of interest*: _____

Reason for exam*: _____

Recent blocking history or joint injection history*: _____

Symptoms*: _____

Previous surgery*? Yes No

Other comments: _____

Additional exam you are prescribing*: _____

Veterinarian's signature*: _____ *Required field.