



EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (972) 869-2180

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.

Date of Request*: _____

Registered Name*: _____ Barn Name*: _____

Breed*: _____ Age*: _____ Color*: _____

Gender*: Mare Gelding Stallion

Owner's Name*: _____ Phone*: _____

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

Owner's Email*: _____

Main Contact (if different from Owner)*: _____

Email*: _____ Phone*: _____

Referring Veterinarian*: _____

Clinic Name*: _____ Preferred Contact Phone*: _____

Email to send 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*: _____

Previous surgery*? Yes No

Other comments: _____

Additional exam you are prescribing*: _____

Veterinarian's signature*: _____ *Required field.