



EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (972) 869-9916
PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM
FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

RADIOGRAPH REFERRAL FORM – EQUINE

Radiology appointments are performed on an outpatient basis.

Date of submission*: _____

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*: _____ Preferred Contact Phone*: _____

Clinic Name*: _____

Address*: _____

Email to send report to*: _____ Fax*: _____

Insured*? Yes No

Please send any images previously obtained* Emailed to info@animalimaging.net None taken

Reason for exam*: _____

History/lameness exam finding *: _____

Symptoms*: _____

Foreign metal objects present*? Yes No Where? _____

Previous surgery*? Yes No

Other comments: _____

Additional exam you are prescribing*: _____

Veterinarian's Signature*: _____ *Required field.