



# PALM BEACH EQUINE CLINIC

13125 Southfields Rd

Wellington, FL 33414

561 793 1599 office / 561 793 2492 fax [www.equineclinic.com](http://www.equineclinic.com)

Thank you for referring your patient to Palm Beach Equine Clinic for a Computed Tomography scan!  
The information you provide us with in this form will help us ensure you have the best service possible.

Today's Date:

## Referring Veterinarian Information:

Name\*:

Cell Phone Number\*:

Email\*:

## Patient Information:

Name\*:

Age\*:

Breed:

Profession:

Level:

FEI:            Yes            No

Owner/Agent\*:

Owner/Agent Phone Number\*:

## Region To Be Scanned:

Please try to select the area of interest as best as possible\*.

### **Standing CT:**

Skull	Sinus Region
	Dentition
	TMJ
	Poll

---

Cervical Spine	Poll-C1
	C1-C2
	C2-C3
	C3-C4
	C4-C5
	C6-C7
	C7-T1 – (if possible)

### **General Anesthesia CT:**

Limb	Fore	Hind
	Right	Left

Please specify region:

---

Other, please specify:



## PALM BEACH EQUINE CLINIC

13125 Southfields Rd

Wellington, FL 33414

561 793 1599 office / 561 793 2492 fax    [www.equineclinic.com](http://www.equineclinic.com)

### **Lameness History:**

Duration of Lameness\*:

Degree of Lameness\*:

Left Fore	/5
Right Fore	/5
Left Hind	/5
Right Hind	/5

Blocking Pattern\*:

Flexion Tests\*:

Additional Information about the lameness:

Previous Imaging Performed:

Radiographs

Ultrasound

MRI

CT

Scintigraphy

Results of Previous Imaging:

### **Additional Information (medications, temperament, allergies, drug restrictions):**

- You can expect a phone call from the imaging coordinator by the end of the business day today to schedule your patient's scan.
- On the day that your patient is scanned, you can expect to receive an email by the end of the business day with a link to the images from the scan for you to review.
- Images will be read by Palm Beach Equine's radiologist and a report will be sent directly to your email.

Thank you very much for taking the time to fill out this form!