



## 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
<hr/>	
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:

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Other, please specify:



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### 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      Scintigraphy      CT

#### Results of Previous Imaging:

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

- 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!**