



PALM BEACH EQUINE CLINIC

13125 Southfields Rd

Wellington, FL 33414

561 793 1599 office / 561 793 2492 fax www.equineclinic.com

Thank you for referring your patient to Palm Beach Equine Clinic for a Nuclear Scintigraphy 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:

Full Body with C-Spine

Pelvis Down

Shoulders Down

Carpus Down

Tarsus Down

Withers through Sacrum

C-Spine

Additional Options:

Soft Tissue Phase

Forelimbs **or** Hindlimbs

Skull Views

Solar Views

Forelimbs Hindlimbs

To have the best solar views we may have to pull the shoes depending on their complexity.

Permission to pull shoes if necessary?

Yes No



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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
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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!