EMAIL OR FAX THIS REFERRAL TO:
info@midsouthequine.com - (940) 230-6611
BONE SCAN REFERRAL - EQUINE

Registered Name:_______________________________________ **Barn Name:**______________________________

Gender: ▢ **Mare** ▢ **Gelding** ▢ **Stallion** **Color:**______________ **Breed** ____________ **Age**____________

Owner's Name:____________________________ **Email:**_____________________ **Phone:**__________________

Main Contact:_____________________________ **Email:**_____________________ **Phone:**__________________

Referring Veterinarian:_________________________________ **Veterinarian Contact Phone:**________________

Clinic Name:_____________________________________ **Email to send report to:**_________________________

Insured? ▢ **Yes** ▢ **No** **Company Notified?** ▢ **Yes** ▢ **No**

The lameness ideally will have been blocked to a specific region of interest. Another area will result in additional time and fees.

1. **Affected limb(s) & region(s) to image:**____
2. **Additional exams/regions needed:**____
3. **Degree of lameness and diagnostic anesthesia:**____

BLOCK Responses %

Limb(s)	Baseline Lameness	PDN	Abax	Low-4	Susp	Other (specify)	Other (specify)
RF	**/5**						
LF	**/5**						
RH	**/5**						
LH	**/5**						

4. **Onset:**____________________ **and duration:**______________________ **of lameness:**______________________
5. **Hoof testers result: RF** +/- N/A **LF** +/- N/A **RH** +/- N/A **LH** +/- N/A
6. **History/lameness exam findings:**

____
____
____
____

7. **Athletic modality/use:**____
8. **Previous radiographs:** ▢ **Yes** ▢ **No** **Findings:**____
9. **Previous ultrasound:** ▢ **Yes** ▢ **No** **Findings:**____
10. **Current Therapy:**____
11. **Previous surgery?** ▢ **Yes** ▢ **No** **Where?**____