

Referring Veterinarian Historical Information Prior to MRI Procedure

Referring Veterinarian: _____

Clinic Address: _____

Please check preferred method of contact:

- Email _____
- Clinic phone _____
- Cell phone _____
- Fax _____

Patient's name:

Breed:

Age:

Discipline:

Client's name:

1. What is the nature and duration of the horse's lameness?

2. Has the horse's lameness been localized with a palmar digital nerve block? Pastern ring block? Abaxial nerve block? Low four point or volar nerve block? Intra-articular coffin, pastern or fetlock joint block? Etc.

3. Are there any pertinent radiographic, ultrasonographic, thermographic or nuclear scintigraphic findings related to this horse's lameness?

4. Have any treatments been pursued (corrective shoeing, intra-articular joint therapy, shockwave therapy, etc.)?

5. What is the horse's current workload?

6. Preferred method of sending report and images:

- Email
- Mail
- Film
- Paper
- CD

Please fax back to Virginia Equine Imaging at (540) 687-4665.