

Referring Veterinarian Historical Information Prior to Nuclear Scintigraphy Examination

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 diagnostic nerve or joint blocks?

3. Are there any pertinent radiographic, ultrasonographic or thermographic 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. Are there soft tissue concerns? Is this a full body, hind end, front end, knees down or hocks down bone scan?

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