



**PALM BEACH
EQUINE CLINIC**

Palm Beach Equine Clinic Imaging Department
13125 Southfields Rd
Wellington, FL 33414
(561) 793-1599 phone
(561) 793-2492 fax
www.equineclinic.com

Thank you for referring your patient to Palm Beach Equine Clinic for MRI! The information you provide us with in this form will help us to provide you with the best service possible.

Date:

Referring Veterinarian Information

Name:

Mobile Number:

Office Number:

Email: *(required)*

Patient Information

Name: *(required)*

Age: *(required)*

Breed:

Profession:
(list level as well if applicable)

Owner Name: *(required)*

Owner Phone Number:

Requested Area to Be Imaged

LF RF LH RH

Foot

Pastern

Fetlock

Origin of Suspensory:

Other:
(please list)



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Lameness History

Duration of Lameness:

Degree of Lameness (Grade from 1-5, please check appropriate box(s)): *Check box next to each number*

1 2 3 4 5

LF

RF

LH

RH

Blocking Pattern:

(type, limb, % improvement)

Additional Information about the Lameness: (flexion tests, joint effusion, previous treatments)

Previous Imaging Performed:

Radiographs

Ultrasound

MRI

CT

Scintigraphy

If previous imaging was done, please list the findings:

***Please email images to PBECimaging@equineclinic.com or send in with the patient.**

Any other important information about this patient: (current medications, temperament, allergies)