



**ADVANCED
EQUINE
IMAGING**

Bone Scan Request Form

v1.0 April 2017

URGENT / NON-URGENT

Referral from _____

Date _____

Referring vet			
Referring clinic			
Phone		Email	

Patient details

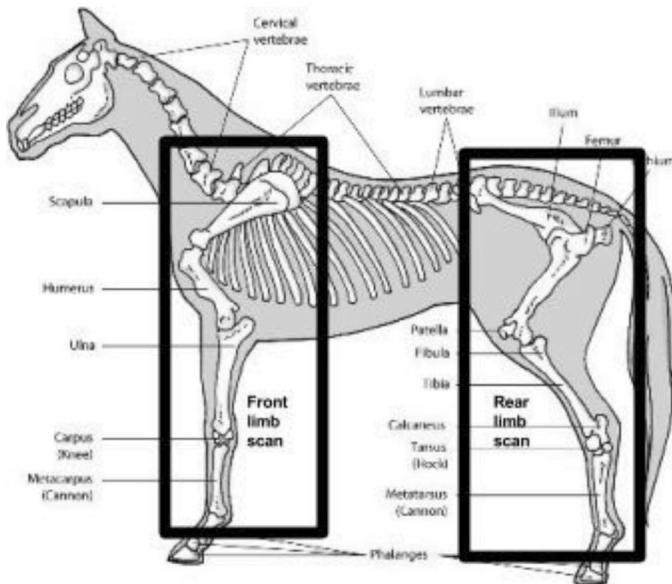
Name		Owner's name	
Age		Owner's phone	
Gender		Owner's address	
Breed		Owner's email	
Colour			
Weight			

Owner's details are required for billing purposes

Scanning requirements

Pertinent history, physical exam findings and current problem list

Type of scan requested



Please circle desired areas for imaging

Front and rear limb scan (feet not included)	Front limb scan Pastern to withers (feet not included)	Rear limb scan Pastern to pelvis (feet not included)
Feet - lateral & DP Front / rear / all	Feet - solar margins Front / rear / all	Cervical spine
Thoracic spine	Lumbar spine	Other (please specify)

Other comments:

Please email this completed form to referrals@advancedequineimaging.com.au

Thank you for your referral. Please call AEI on 08 9393 4340 to discuss this referral with our staff.