



New England Equine Practice, P.C.
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Patterson, NY 12563
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Scintigraphy Request Form

Date _____ Referring DVM _____ Phone # _____

Owner Name _____ Phone # _____

Address _____

Patient Name _____ Age _____ Use _____

Sex _____ Breed _____ Height _____ Color _____

Lameness / Medical History _____

Exam Results(with appropriate dates):

Nerve blocks _____

Radiographs _____

Ultrasound _____

Vices, unusual habits, sedation reactions or sensitivities _____

Scan Request (If not full body, please check all that apply):

	<u>Front limbs</u>	<u>Hind limbs</u>	<u>Spine</u>
	Scapulae _____	Pelvis _____	Head to Tail including pelvis _____
Full body _____ OR:	Shoulder _____	Hip _____	Head and neck _____
	Elbow _____	Stifle _____	Withers to tail including pelvis _____
	Carpus _____	Hock _____	Other: _____

Soft Tissue Phase: (please check one and denote primary leg)

Front suspensory _____ Hind suspensory _____ Front solar views _____ Lateral front feet _____

Lateral front feet _____ Primary leg _____

How would you like the results sent?

Paper copy _____ CD _____ Expedited _____

Address and attention to: _____

****Horses having bone scans are generally injected between 7-10 am. They must be admitted to the hospital approximately 24 hours prior to the bone scan time, and must remain at the hospital for 48 hours after the injection time. Any additional diagnostic work cannot be performed until 48 hours after the injection time. Scan results can typically be expected to be read by day following the scan. Unfortunately, due to the nature of the work, owners cannot have direct contact with the horse, but are welcome to come visit after the scan****

Thank you