HALLMARQ EQUINE STANDING MRI REFERRAL FORM

EMAIL OR FAX THIS REFERRAL TO:
officeparis@parkequinehospital.com – 859.987.4304
Please submit all relevant medical records and lab work so we can have all pertinent information for each case.

Patient's Registered Name: _____ **Date of Submission:** _____

Barn Name: _____ **Breed:** _____ **Color:** _____

Gender: ◯ **Mare/Filly** ◯ **Gelding** ◯ **Stallion/Colt** **Age:** _____

Athletic discipline/use: _____

Owner's Name: _____ **Owner's Phone #:** _____

Owner's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Owner's Email: _____

Main Contact (if different from Owner): _____

Main Contact Phone #: _____ **Main Contact Email:** _____

Referring Veterinarian: _____ **Phone #:** _____

Clinic Name: _____ **Preferred day(s)/time(s) to contact about this referral:** _____

Email to send copy of report to: _____

Note: The lameness ideally will have been blocked to a specific region of interest. Another area will result in addition time and fees.

Onset of lameness: _____

Duration of lameness: _____

History/Lameness Exam Findings: _____

_____

_____

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Degree of Lameness and Diagnostic Anesthesia:
Please select affected limb(s) for Baseline Lameness and Block Response input below:

☐ **Right Front – Block Response:** _____

☐ **Left Front - Block Response:** _____

☐ **Right Hind – Block Response:** _____

☐ **Left Hind - Block Response:** _____

Previous Radiographs: ☐ **Yes** ☐ **No**

Previous Ultrasound: ☐ **Yes** ☐ **No**

Previous Surgical Implants Present: ☐ **Yes** ☐ **No**
(Screws, plates, etc.)

Current Therapy: _____

Additional exams/ regions needed: _____

Other comments, including but not limited to, any other know medical diagnosis/concerns (especially cardiac related): _____

Affected limb(s) and region(s) to image (please check all that apply):

☐ **Right Front Foot & Pastern**	☐ **Right Front Fetlock**	☐ **Right Front Suspensory & *Carpus**
☐ **Left Front Foot & Pastern**	☐ **Left Front Fetlock**	☐ **Left Front Suspensory & *Carpus**
☐ **Right Hind Foot & Pastern**	☐ **Right Hind Fetlock**	☐ **Right Hind Suspensory & *Tarsus**
☐ **Left Hind Foot & Pastern**	☐ **Left Hind Fetlock**	☐ **Left Hind Suspensory & *Tarsus**

**Please note that being able to image the carpus & tarsus will be dependent on the size of the horse.*

☐ *I certify that I am a licensed veterinarian that has performed a physical examination on the aforementioned patient and am submitting this referral on their behalf.*

☐ *I understand that all results and images will be released and discussed with myself, being the referring veterinarian **and** the owner or main contact for the patient.*

Veterinarian's Signature: _____

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