



EMAIL OR FAX THIS REFERRAL TO:
 info@midsouthequine.com - (940) 230-6611
 MRI REFERRAL - EQUINE

Registered Name: _____ Barn Name: _____
 Gender: Mare Gelding Stallion Color: _____ Breed _____ Age _____
 Owner's Name: _____ Email: _____ Phone: _____
 Main Contact: _____ Email: _____ Phone: _____

Referring Veterinarian: _____ Veterinarian Contact Phone: _____
 Clinic Name: _____ Email to send report to: _____
 Insured? Yes No Company Notified? Yes No

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

1. Affected limb(s) & region(s) to image: _____
2. Additional exams/regions needed: _____
3. Degree of lameness and diagnostic anesthesia: _____

BLOCK Responses %

Limb(s)	Baseline Lameness	PDN	Abax	Low-4	Susp	Other (specify)	Other (specify)
RF	/5						
LF	/5						
RH	/5						
LH	/5						

4. Onset: _____ and duration: _____ of lameness: _____
5. Hoof testers result: RF +/- N/A LF +/- N/A RH +/- N/A LH +/- N/A
6. History/lameness exam findings: _____

7. Athletic modality/use: _____
8. Previous radiographs: Yes No Findings: _____
9. Previous ultrasound: Yes No Findings: _____
10. Current Therapy: _____
11. Foreign metal objects present? Yes No Where? _____
12. Previous surgery? Yes No Where? _____

Each patient should have a physical exam, CBC, and/or chemistry panel to ensure safe general anesthesia (approximately 1.5 to 2 hours). If available, send lab results with this referral. All shoes will need to be pulled. This can be done at MidSouth Equine.