



Nuclear Medicine (Scintigraphy) Request Form

Referring veterinarians details:

Date:

Referring Veterinarian	
Clinic Details	
Phone number	
Email address	

Patient Details:

Name	
Age	
Breed	
Gender	
Colour	
Weight	

Owner Details:

Name	
Address	
Phone number	
Email	

Case History, clinical findings and requested region of interest:

Region to be Imaged:

Fore limbs - thoracic limb, cervical and lumbar spine	Hind limbs - Pelvic limb, pelvis, lumbar and sacral spine	Entire spine - cervical thoracic, lumbar and sacral vertebrae	Full horse

Please return the completed request form to admin@ascotequinevets.com.au

Thankyou for your referral, we endeavor to have all images read and reports emailed to you and your client within 36 hours of scanning. For any questions, or concerns please don't hesitate to call on (08) 9277 7737.