



## HALLMARQ EQUINE STANDING MRI REFERRAL FORM

EMAIL OR FAX THIS REFERRAL TO:

[officeparis@parkequinehospital.com](mailto: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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5455 Lexington Road • Lexington, KY 40511

(p) 859.987.4303 • (f) 859.987.4304

[officeparis@parkequinehospital.com](mailto:officeparis@parkequinehospital.com) • [www.parkequinehospital.com](http://www.parkequinehospital.com)

### 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: (Screws, plates, etc.)	Yes	No
---------------------------------------------------------------	-----	----

**Current Therapy:** \_\_\_\_\_

**Additional exams/ regions needed:** \_\_\_\_\_

**Other comments, including but not limited to, any other known medical diagnosis/concerns (especially cardiac related):** \_\_\_\_\_

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

<b>Right Front Foot</b>	<b>Right Front Pastern</b>	<b>Right Front Fetlock</b>	<b>Right Front Suspensory</b>
<b>Right Hind Foot</b>	<b>Right Hind Pastern</b>	<b>Right Hind Fetlock</b>	<b>Right Front Carpus/Hind Tarsus</b>
<b>Left Front Foot</b>	<b>Left Front Pastern</b>	<b>Left Front Fetlock</b>	<b>Left Front Suspensory</b>
<b>Left Hind Foot</b>	<b>Left Hind Pastern</b>	<b>Left Hind Fetlock</b>	<b>Left Front Carpus/Hind Tarsus</b>

*\*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:** \_\_\_\_\_