Scone Equine Hospital

Dedicated expert care

CT REFERRAL FORM ADMISSION DETAILS

Please fill in required fields as marked * After filling in form deliver or email to:
Surgury / ICU / Imaging: consents@sconeequine.com.au

DATE OF REFERRAL: _____

REFFERING VETERINARIAN:	**HORSE NAME**
REFERRING PRACTICE:	SIRE:
PRACTICE ADDRESS:	DAM:
CONTACT NUMBER:	*DOB / YEAR:
EMAIL FOR REPORT:	SEX:
***OWNER NAME:**	BRAND:
*ADDRESS:	BREED:
	DISCIPLINE:
*CONTACT PERSON:	*MICROCHIP:
*CONTACT PHONE NUMBER:	*HORSE INSURANCE: ☐ YES ☐ NO
*EMAIL FOR APPOINTMENT DETAILS:	
***FARM / STUD / TRAINER:**	

CASE INFORMATION

PRIMARY COMPLAINT

HISTORY / Please include reports and images *IMAGES ATTACHED: ☐ YES ☐ NO

IMAGING REQUEST CT

PRIMARY LIMB TO BE SCANNED

LF	RF	LH	RH
☐	☐	☐	☐

REGION TO BE SCANNED (STANDING)

FOOT & PASTERN	☐	FETLOCK	☐	CANNON	☐	KNEE	☐
HOCK	☐	HEAD	☐	NECK (UP TO C5)	☐	OTHER	☐

REGION TO BE SCANNED (ANAESTHETISED)

NECK (UP TO T2)	☐	STIFLE	☐	ELBOW	☐	SHOULDER	☐
THORAX - FOAL	☐	ABDOMEN - FOAL	☐	BACK / NECK - FOAL	☐	PELVIS - FOAL	☐
MYELOGRAM	☐	OTHER	☐				

PLEASE RETURN THIS FORM AND ANY RELEVANT IMAGING PRIOR TO THE APPOINTMENT TO: consents@sconeequine.com.au

SCONE EQUINE GROUP

Scone Equine Hospital | 406 Bunnan Road Scone NSW 2337 | PO Box 280 Scone NSW 2337
T +61 2 6545 1333 | info@sconeequine.com.au

SEH Denman | 26 Ogilvie Street Denman NSW 2328 | PO Box 280 Scone NSW 2337
T +61 2 6547 2222 | denman@sconeequine.com.au

www.sconeequinehospital.com.au | Scone Equine Hospital Pty Ltd | ABN 68 139 546 595