



## RVC ERH MRI History Form

Dear Colleague

Thank you for referring a horse to the Royal Veterinary College Equine Referral Hospital for Standing Low-Field (0.27T) MR examination. In order to provide optimal benefit from the procedure and to allow for specific recommendations we would greatly appreciate if you could complete this history form and provide us with it prior to the MR exam.

Please return the completed form to the RVC Equine via e-mail to [equinehospital@rvc.ac.uk](mailto:equinehospital@rvc.ac.uk) or fax it to 01707 666 304 prior to our examination. If you have any queries please call reception on 01707 666667. Thank you!

Referring Veterinary Surgeon:

Referring Practice / Clinic:

Contact Telephone No:

Fax No:

E-mail address:

Owner's name:

Name of Horse:

Age of horse:

Breed:

Sex:

Use:

Duration of lameness:

Lame leg(s):

Current grade of lameness (1-10/10):

Summary of lameness history, treatments performed and response (use separate sheet if necessary):

Results Regional Analgesia (Please also mark if a block was not performed):

Block	Limb (RF,LF,RH,LH)	Date Performed:	Baseline Lameness in Limb (1-10/10)	Lameness in Limb after Block (1-10/10)
Palmar/Plantar Digital Nerve				
Palmar/Plantar Abaxial Nerve				
Distal Interphalangeal Joint				
Navicular Bursa				
Other Blocks				

Previous diagnostic imaging findings and comments (use separate sheet if necessary):