

**For Office Use Only:**

D/O Date: \_\_\_\_\_  
D/O Time: \_\_\_\_\_AM/PM  
B/S Date: \_\_\_\_\_  
Scanned In: \_\_\_\_\_



**B.W. Furlong & Associates**

**Nuclear Scintigraphy Credit Card Authorization Form**

**OWNER INFO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Auth'd Agent/Shipper: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PATIENT INFO:**

Name: \_\_\_\_\_  
Referring Vet: \_\_\_\_\_  
Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Discipline: \_\_\_\_\_

*Please note that we must pull shoes prior to scanning. If the horse has glue on shoes, please have them pulled prior to the appointment. Horses should arrive to the hospital by 8 AM the day of their appointment.*

**PAYMENT AUTHORIZATION:**

*A credit card number is required prior to the horse's arrival.*

VISA MC AMEX DISCOVER Care Credit#: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

**Fee Structure:** A Bone Scan can run between **\$2,369 and \$3,553\***. The fees depend on the region(s) being scanned. These costs include the isotope costs, soft tissue phase, one night hospital board, sedation, and shoe removal (only necessary when solar views are to be obtained).

\*Please note that prices are subject to change, and will vary based on the referring veterinarian's recommendations. If you have any questions, please do not hesitate to call the office at (908) 439-2821.

**Cancellation Policy:** Due to the shelf life of the radioactive isotope, a minimum of 24 hours is required for cancellation. If appointment is not cancelled at least 24 hours in advance, you will be charged for the full cost of the isotope.

**Referral Forms:** Referral forms must be submitted by your referring veterinarian at least 24 hours prior to appointment

\_\_\_\_\_ (please initial) I consent to the use of the above described animal's case study to be used for medical education and teaching purposes, provided neither the owner nor the patient is identified by name.

*I have read and understand that I am responsible for payment of the Bone Scan in full at the time of discharge. I authorize my credit card above to be charged following the completion of the Bone Scan.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax Completed Form to: 908-439-2691 or Email to: [mwalsh@bwfurlong.com](mailto:mwalsh@bwfurlong.com) or [kdavis@bwfurlong.com](mailto:kdavis@bwfurlong.com)

Any Further Questions or Concerns please contact our office at 908-439-2821