



# Endoscopic Examination

Please enter requested information and send this form and **DVD OR USB** to address below.

**PLEASE INCLUDE AT LEAST TWO MINUTES OF DIRECT OBSERVATION**

### **OF LARYNGEAL MOVEMENT**

Horse Name: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Location of Procedure: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Area Examined:**

Nasal passages: \_\_\_\_\_  Epiglottis\*: \_\_\_\_\_

Ethmoid Area: \_\_\_\_\_  Arytenoids\*: \_\_\_\_\_

Pharynx\*: \_\_\_\_\_  Ventricles\*: \_\_\_\_\_

G.P. Openings: \_\_\_\_\_  Trachea: \_\_\_\_\_

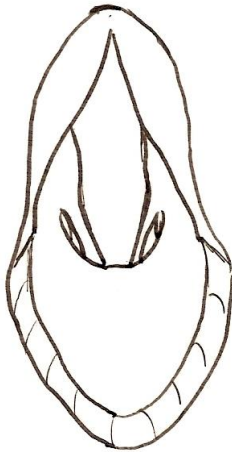
Soft Palate: \_\_\_\_\_  Guttural Pouches: \_\_\_\_\_

### **Endoscopic Report:**

\*Mark Lesions

### **Comments:**

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



### **PAYMENT (\$150 per exam)**

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Return form and USB/DVD to:

KWPN of North America, KWPN-NA  
4037 Iron Works Parkway, Ste 140  
Lexington, KY 40511

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