

RADIOIODINE (I-131) REFERRAL FORM

rDVM INFO

Referring Clinic: _____ Date: _____

Referring Vet: _____ Vet Phone: _____ Vet Fax: _____

Vet Email: _____ Preferred Contact: PHONE EMAIL OTHER: _____

CLIENT INFO

Owner Name: _____ Owner Email: _____

Owner Address: _____ City: _____ State: _____ ZIP: _____

Owner Phone: _____ Cell Phone: _____ Other Phone: _____

PATIENT INFO

Patient Name: _____ Patient DOB/Age: _____ Weight: _____

Patient Breed: _____ Patient Gender: **M F** Spayed/Neutered? **Y N**

Vaccination Status: _____

Date of Initial Diagnosis: _____ Initial T4: _____ Current T4: _____

Current Therapy for Hyperthyroidism: _____ Dose/Route: _____

****Methimazole should be discontinued three (3) days prior to the I-131 treatment date*

Size of Thyroid Nodule: NONE SMALL (<5 mm) MEDIUM (5-10 mm) LARGE (>10 mm)

Current CBC/Chem/Urinalysis (PLEASE SEND/EMAIL): **Y N** Thoracic Radiographs (PLEASE SEND/EMAIL): **Y N**

Other Medical Problems: _____

Current Medications (PLEASE INCLUDE DOSAGE, DURATION, & SCHEDULE): _____

Is Sedation Necessary with This Patient? **Y N**

LAB WORK

The following laboratory tests are required within one (1) month of appointment: **CBC CHEM PANEL T4 URINALYSIS**

Please send the results of these labs as well as labs at the time of initial diagnosis.

****If cardiac disease is suspected, an echocardiogram is also recommended*

Please fill out this form completely and send with patient records, lab work, and radiographs to...

EMAIL: curesforcats@animalERspecialty.com | **FAX:** 865.690.6109