



# RADIOIODINE (I-131) REFERRAL FORM

## rDVM INFORMATION

Referring Clinic: \_\_\_\_\_ Date: \_\_\_\_\_  
 Referring Vet: \_\_\_\_\_ Vet Phone: \_\_\_\_\_ Vet Fax: \_\_\_\_\_  
 Vet Email: \_\_\_\_\_ Preferred Contact:  **PHONE**  **EMAIL**  **OTHER:** \_\_\_\_\_

## CLIENT INFORMATION

Owner Name: \_\_\_\_\_ Owner Email: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Owner Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## PATIENT INFORMATION

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