ANIMAL EMERGENCY & SPECIALTY CENTER
Knoxville

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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 I131 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: oncology@animalERspecialty.com | FAX: 865-999-2017