



## 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

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

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