



## RADIOACTIVE IODINE REFERRAL INFORMATION

Please fax form to 828-328-5638

unifour.images@vrhoh.com

Referring Clinic \_\_\_\_\_

Referring Clinic Phone Number \_\_\_\_\_

Referring Clinic Fax and E-mail \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_

Patient Name and Signalment \_\_\_\_\_

Owner's Name and Phone Number \_\_\_\_\_

Date Of Initial Diagnosis \_\_\_\_\_ Initial T4 \_\_\_\_\_ Current T4 \_\_\_\_\_

On Methimazole Yes / No Dose and Route \_\_\_\_\_

Methimazole should be discontinued three days prior to the I131 treatment date.

Size Of Thyroid Nodule None / Small / Medium / Large

Thoracic Radiographs (Two Views) Normal? Yes / No Please e-mail radiographs or send a copy of the radiographs with the client to the admission appointment.

Radiograph Notes \_\_\_\_\_

Other Medical Problems (Please note if patient has any history of URI)

Other Medications and Dosages \_\_\_\_\_

Is Sedation Necessary For This Patient? Yes / No

The following lab tests are required (no older than one month): CBC, Chemistry Panel, T4, Urinalysis (Please fax the results of these labs as well as labs at the time of the initial diagnosis). If cardiac disease is suspected, an echocardiogram is recommended.

The estimated cost for radioactive iodine treatment is \$1100.00 to \$1165.00.