



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 Normal? Yes / No Please e-mail radiographs or send a copy of the radiographs with the client to the admission appointment. Three views are recommended. A minimum of lateral and ventro-dorsal are required.

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 diagnostic tests are required (no older than one month): Thoracic Radiographs, 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.