

## Radioactive Iodine Treatment Referral Form

### Referral Partner Information:

Veterinarian Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### Patient Information:

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

 Canine  Feline Breed: \_\_\_\_\_Sex:  M  MN  F  FS Age: \_\_\_\_\_

### Referral Practice:

 MedVet Cincinnati MedVet Columbus

### Clinical Data at Diagnosis of Hyperthyroidism:

Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Total T4: \_\_\_\_\_

Appetite:  Voracious  Moderate  Poor

BUN: \_\_\_\_\_

Creatinine: \_\_\_\_\_

Phosphorus: \_\_\_\_\_

Urine Specific Gravity: \_\_\_\_\_

*(if available)*

### Clinical Data Post Methimazole Trial:

Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Total T4: \_\_\_\_\_

Methimazole Dose: \_\_\_\_\_

Treatment Duration: \_\_\_\_\_

Route:  Oral  TransdermalAppetite:  Voracious  Moderate  Poor

BUN: \_\_\_\_\_

Creatinine: \_\_\_\_\_

Phosphorus: \_\_\_\_\_

Urine Specific Gravity: \_\_\_\_\_

*(if available)*

### Our locations:

#### Cincinnati

3953 Red Bank Road

Cincinnati, OH 45227

513.561.0069 **MAIN**513.808.4042 **FAX**

radiology.cincinnati@medvetforpets.com

#### Columbus

300 E. Wilson Bridge Road

Worthington, OH 43085

614.846.5800 **MAIN**614.547.6689 **FAX**

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