

Radioactive Iodine Referral Form

CLIENT INFORMATION							
Title:	First Name:			Surname:			
Contact Number:				Email:	Email:		
Postal Address:							
PATIENT INFORMATION							
Patients Name:		Weight:			Date Weighed:		
Sex:		Age or D.O.B:			Breed:		
REFERRAL INFORMATION							
Initial T4 Result:				Current T4 Result:			
Are Thyroid Glands Palpable? If so, approximate size:							
CBC, BIOCHEM, T4 and urinalysis should be performed after initiation of hyperT treatment and							
within 1-2 months of radioactive iodine treatment, please send through the results of these							
test:							
CBC	BIOCHEM	T4	T4 URINALYSIS		IS		
Current Medication(s):							
Is this animal allergic to any medications?						YES / NO	
Is this animal allergic to any food?						YES / NO	
REFERRING VETERINARIAN INFORMATION							
Referring Clinic:			Veterinarian:				
Phone:			Email:				
REQUESTED PATIENT FORMS							
Please email this form along with a full clinical history to: reception@mcmasterandheap.co.nz ,							

one of our staff members will be contact the client directly within 7 days.

Responsibility for patient suitability is taken by the referring Veterinarian. For assistance with patient selection or if you have any other questions please phone the clinic.

Please note the cost for radioactive iodine treatment is \$1400 (as of 1st August 2022), this includes treatment and 7-day isolation period following its administration.

Thank you all for you continued referrals for Radioactive Iodine treatment.