VETERINARY EMERGENCY CLINIC

**Veterinary Emergency Clinic / Referral Centre**
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# Radioactive Iodine Referral

**Barbara Bryer, DVM**

**Referring Veterinarian:** _____ **Date:** _____

**Referring Clinic:** _____

**Clinic Phone #:** _____**Clinic Fax #:** _____

**Client Name:** _____ **Client Phone #:** _____

**Pet's Name:** _____**Breed:** _____**Age:**_____**Sex: M** ◯ **F** ◯

**Synopsis of the patient medical history (including cardiac concerns):**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Current Medications:** _____

**Laboratory Data Included:** **Yes** ◯ **No** ◯
**(Must have T4, serum biochemical profile, and CBC I see pre-treatment checklist)**

**Radiographs Included** **Yes** ◯ **No** ◯