



Radioactive iodine referral form – referring vet to complete.

Return this form to ri.counter@ourvets.co.nz along with full clinical history

Referring Veterinary Practice	
Address:	Town/city;
Phone:	Fax:
e-mail:	Case clinician:

Client	Patient
Name	Name
Address:	Breed/Colour:
Town/city:	Age/sex:
Phone:	Diet:
E-mail:	List all medications:

Clinical data at diagnosis of hyperthyroidism	Clinical data post-treatment trial
Date:	Date:
Total T4 :	Total T4:
Palpable thyroid? Yes/No Size (approx.)	Type and dose of thyroid medication:
Weight:	Weight:
Appetite (circle) Voracious Moderate Poor	Appetite (circle) Voracious Moderate Poor
BUN:	BUN:
Urea:	Urea:
Creatinine:	Creatinine:
Urine S.G:	Urine S.G:

In patients assessed as having a significant risk of post-treatment renal failure (e.g. pre-treatment azotaemia), repeating renal assessment during anti-thyroid medical therapy may help with patient selection. An increase in azotaemia would be a negative prognostic indicator.

Anti-thyroid drugs or y/d diet should be discontinued 14 days prior to admission (except in special circumstances. We will discuss these cases individually with you and the client). Responsibility for patient suitability is taken by the referring veterinarian. For assistance with patient selection, please contact the clinic.

Call Ourvet Riccarton/Illam on **03 348 4885** or e-mail ri.counter@ourvets.co.nz with any questions