



**Radioactive Iodine Referral Form – referring vet to complete**

Return this form to [ri.reception@ourvets.co.nz](mailto:ri.reception@ourvets.co.nz) along with full clinical history

<b>Referring Veterinary Practice</b>	
Address:	Town/city:
Phone:	Fax:
e-mail:	Referring Vet:

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

<b>Clinical data at diagnosis of hyperthyroidism</b>	<b>Clinical data post-treatment trial (6weeks)</b>
Date:	Date:
Total T4:	Total T4:
Palpable thyroid? Yes/no Size (approx.)	Type and dose 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 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 Ourvets Riccarton/Illam on **03 348 4885** or email [ri.reception@ourvets.co.nz](mailto:ri.reception@ourvets.co.nz) with any questions.