



2626 Van Buren Avenue
Norristown, PA 19403-2324

610 • 328 • 1001 (voice + fax)

Referral Form for I¹³¹ Therapy

Thank you for your referral! Please complete the following form and send the required information to us at the address below. If there are questions about the case we will contact you directly before scheduling the appointment. Otherwise we will contact the client directly to schedule iodine therapy. You will receive a post-treatment referral letter once treatment is complete.

Hospital Name: _____

Hospital Address: _____

Phone: _____

Fax: _____

Client Name: _____

Client Phone(s): _____

Pet Name: _____ Age: _____ Sex: _____

Has this cat been treated previously for hyperthyroidism? Yes No

Surgery (Date: _____) Iodine-131 (Date: _____) c Medication

If the cat is currently on thyroid medication, please complete the following:

Medication: Tapazole / Methimazole Other

Dose: _____

Length of treatment: _____

Has this cat ever been diagnosed with renal insufficiency or renal failure? Yes No

Has this cat ever been diagnosed with heart disease? Yes No

Cats will be in isolation for 72 hours and can only receive essential medications during this time.

Are there any existing medical conditions which would require treatment during the 72 hour period? Yes No

If 'Yes', please summarize (use other side or a separate sheet if needed): _____

Please include the following information with this referral form. Tests must have been performed within the last month. If bloodwork results are pending, they can be faxed to us when available. Please call us for more information.

- CBC, urinalysis, serum chemistry panel, thyroid panel
- Whole body lateral and ventrodorsal radiographs (optional - interpretation is free of charge)

Please mail all information to: **PetRad I-131 Patient Referral** or FAX to 610-328-1001
2626 Van Buren Ave.
Norristown, PA 19403

If you have any questions, please call 610-328-1001. Thank you again for your referral!