

MedVet  
300 E. Wilson Bridge Rd.  
Worthington, OH 43085  
(614) 846-5800  
Fax (614) 431-6152

**Radioactive Iodine Treatment Referral Form**

Referring Veterinarian \_\_\_\_\_  
Practice \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Client \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_  
Patient \_\_\_\_\_  
Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex: ( ) M ( ) MN ( ) F ( ) FS

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**Clinical Data At Initial Diagnosis of Hyperthyroidism**

Date \_\_\_\_\_ Weight \_\_\_\_\_ Appetite:  
T4 level \_\_\_\_\_ ( ) Voracious ( ) Moderate ( ) Poor  
BUN \_\_\_\_\_  
Creatinine \_\_\_\_\_  
Phosphorus \_\_\_\_\_  
Urine Specific Gravity \_\_\_\_\_

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**Post Tapazole Clinical Data**

Date \_\_\_\_\_ Weight \_\_\_\_\_ Appetite:  
Dose of Tapazole \_\_\_\_\_ ( ) Voracious ( ) Moderate ( ) Poor  
Duration of Treatment \_\_\_\_\_  
T4 Level \_\_\_\_\_  
BUN \_\_\_\_\_  
Creatinine \_\_\_\_\_  
Phosphorus \_\_\_\_\_  
Urine Specific Gravity \_\_\_\_\_