

PATIENT I-131 REFERRAL FORM

REFERRING VETERINARIAN DETAILS

Practice Name: _____

Referring Veterinarian : _____

Telephone: _____ Email: _____

REFERRING CLIENT DETAILS

Title: _____ First Name: _____

Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Email: _____

PATIENT DETAILS

Patient Name: _____ Breed: _____

Age: _____ Gender: Male Female Desexed

Colour: _____

Microchip Number: _____

CASE SUMMARY & SPECIFIC REQUESTS

Palpable Thyroid Nodule? Yes No Large Small

Total T4 level: _____

Presenting Signs: Mild Moderate Severe

Current Medications & Dose:

Appetite: Voracious Moderate Poor

47 Epsom Avenue Ascot, WA 6104

T 08 9277 2231

E admin@epsomavevet.com.au



ANY SIGNIFICANT, CONCURRENT DISEASE?

ADDITIONAL COMMENTS

The following test results are helpful for our review and may avoid the need for repetitive tests, should they be warranted. Please attach these to this referral.

Laboratory Results

Radiographs

Clinical Data

History

We appreciate your referral and thank you for trusting us with the care of your client's pet. Please send this completed form and test results to admin@epsomavevet.com.au