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Radioactive Iodine Therapy Hyperthyroid Cat – Referral Form

REFERRING VETERINARY INFORMATION

Dr. _____ Hospital Name: _____
 Date: _____ Phone Number: _____ Fax Number: _____
 Email: _____

CLIENT INFORMATION

Name: _____
 Address: _____ City: _____ Prov: _____ Postal Code: _____
 Contact Number: _____ Email: _____

PATIENT INFORMATION

Name: _____ Species: _____ Breed: _____ D.O.B: _____
 Sex: M F Neutered/Spayed: Yes No Colour: _____ Weight: _____
 Vaccine Status: _____ Underlying Condition: _____

HISTORY

Please include the following information with your referral request:

1. Date of diagnosis
2. Most recent CBC/Chem/Urinalysis (*if available*)
3. Reference lab Total T4 levels (*if available*)

Date	TT4	Medication

4. Weight history for 12-24 months preceding referral (*if available*)

Date	Weight

Note: A consultation with your client/patient will be scheduled. The cost of the consult is refunded on the cost of RAI treatment, if performed. Cure rate with RAI is 95% with a single injection. If a second treatment is required within six months, it is performed at no additional charge. Treatment with Methimazole is not required prior to treatment, but may be recommended for some patients after consult.