

## **Patient Referral Form**

Where science and compassion cure endocrinology | hypurrcat | nuclear imaging

Referring veterinarian information	:		
Veterinary hospital:			
Doctor's name:			
Address:	City:		Zip:
How would you prefer to be conto	acted?		
☐ Phone:		🗆 E-mail:	
Client information:			
Client name:			
Phone:	E-mail:		
Patient information:			
Name of the animal:		Feline 🗆 Canine Other:	
Breed:		Sex:	.Age:
Requested service:			
$^*\Box$ Hypurrcat (I - 131 Treatment)	☐ Endocrine Cli	inic	□ Nuclear Imaging
*See page 2 for specific Hypurrcat instructions	S.		
Hyperthyroid data:			
Date hyperthyroidism diagnosed:	Thyroid nodule? (y/n)	):Pretreatment T4/FT2	1 level:
Currently on methimazole (yes or no):	L	.ast T4 level not on methima	ızole:
Past relevant history— List any known concurrent diseases:			
Current treatment(s) or medication(s) other than methimazole:			

Please fax this form (and pertinent lab tests and medical record)

21 West 100th Street, New York, NY 10025, Telephone. **212.362.2650** • Facsimile. **212.537.6340** 29 Haines Road, Bedford Hills, NY 10507, Telephone. **914.864.1631** • Facsimile. **914.864.1632** 

## Referring A Cat For Radioiodine Treatment To Hypurrcat at the Animal Endocrine Clinic

## Required information for all referrals

- Completed Referral Form (first page of this form). Please include
  - o Pretreatment serum T4 value
  - Date of initial diagnosis
  - o If on treatment with methimazole
- Cat's complete medical records since date of diagnosis of hyperthyroidism.
- Records must include the following:
  - History (including treatment with methimazole)
  - Physical examination findings
  - Results of routine blood work (e.g., complete blood count, serum biochemical profile, and urinalysis)
  - Results of any radiographs or ultrasound exams
  - All results of serum thyroid hormone testing
- The referral form and medical record information can either be emailed or faxed to us.
- Once we receive this additional information from you (as the primary veterinarian),
  Dr. Peterson will review the cat's medical information and records and will advise you,
  as primary veterinarian, about any additional testing needed (e.g., repeat blood work,
  chest x-rays, ultrasound).

## Where do I fax or email the medical record and Patient Referral Form?

- Fax: (212) 537-6340 or (914) 864-1632
- E-mail: info@animalendocrine.com