VETERINARY EMERGENCY CLINIC

Veterinary Emergency Clinic / Referral Centre
920 Yonge St. Suite 117, Toronto ON M4W 3C7
Phone: (416) 920-2002 Fax: (416) 920- 6185
E-Mail to: referralform@vectoronto.com
Web: www.vectoronto.com

Radioactive Iodine Referral

Barbara Bryer, DVM

Referring Veterinarian: _____ **Date:** _____

Referring Clinic: _____

Clinic Phone #: _____**Clinic Fax #:** _____

Client Name: _____ **Client Phone #:** _____

Pet's Name: _____**Breed:** _____**Age:**_____**Sex: M** ◯ **F** ◯

Synopsis of the patient medical history (including cardiac concerns):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Current Medications: _____

Laboratory Data Included: **Yes** ◯ **No** ◯
(Must have T4, serum biochemical profile, and CBC I see pre-treatment checklist)

Radiographs Included **Yes** ◯ **No** ◯