



PATIENT I-131 REFERRAL FORM



THE ANIMAL HOSPITAL + THE SPECIALIST CLINIC

Welcome to Brisbane Veterinary Specialist Centre. We appreciate your referral and thank you for trusting us with the care of your clients' pets.

Please download this form from our website.

Send the completed form by **EMAIL** info@bvsc.com.au or **FAX 07 3319 6398**

If this is not possible please have your clients bring the completed referral form to their appointment.

We will contact you by **email** with initial findings and updates.

If this is not suitable, please indicate how you wish to find out about your patients.

Phone _____ Fax _____ Other _____

REFERRING VETERINARIAN DETAILS

Name _____

Practice Name _____

*If you have referred before, your details will be on file. You do not need to fill out the section below.

Address _____

Email _____ Phone _____ Fax _____

REFERRED CLIENT DETAILS

Name _____

Phone Home _____ Mobile _____

REFERRED PATIENT (Unless contraindicated, referred patients should be fasted from 10pm the night before their appointment.)

Please discontinue any anti-thyroid medications for 14 days before the appointment date

Name _____ Age _____ Breed _____

Sex Male Female Desexed

CASE SUMMARY AND ANY SPECIFIC REQUESTS

Most recent serum creatinine level: _____ Date _____

Total T4 at initial diagnosis: _____

Palpable thyroid nodule? Large Small

Summary of presenting signs - Mild Moderate Severe

Any significant concurrent disease? _____

Please indicate where you would you prefer post-treatment assessments to be performed.

At BVSC At your practice

If you are following up at your practice, we would very much appreciate if you can keep us informed of progress so we can record treatment efficacy.

The following test results are helpful for our review and may avoid the need for repetitive tests.

Please attach or have your client bring them along. We will return hard copy radiographs by mail.

Laboratory Results Radiographs(Hard Copy or Electronic) Clinical Data

BRISBANE VETERINARY SPECIALIST CENTRE

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