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Referral Form for Radioiodine Therapy

Owner's Name: Pat	ient's Name:
Breed: Age:	Sex: F M Spayed/Neutered
Owner's Email:	Owner's Phone Number:
Referral Hospital:	
Referring Veterinarian:	Contact Number:
Patient History – Include any adverse drug reactions, previous illness, or surgery.	
Current treatments and response to therapy (please attach all pertinent lab results)	
Any additional comments:	