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**RADIOACTIVE IODINE 131 TREATMENT
REQUEST FORM**

CLIENT FULL NAME: _____

ADDRESS: _____

TEL NO: _____ **CELL:** _____

PETS NAME: _____ **SEX:** _____

AGE/DOB: _____ **BREED:** _____

COLOUR: _____

ANIMALS CURRENT WEIGHT _____ **(DATE WEIGHED)**

WHAT WAS THE INITIAL T4 RESULT AND THAT OF SUBSEQUENT T4 TESTS? _____

ARE ONE OR BOTH THYROID GLANDS PALPABLE? IF SO, WHAT SIZE?

PLEASE CONFIRM WHETHER KIDNEY FUNCTION IS OK. HAVE ENZYMES AND SPECIFIC GRAVITY BEEN ASSESSED?

IS THE CAT ON ANY MEDICATIONS? _____

REFERRING VETS NAME: _____

TEL NO: _____ **FAX NO:** _____

PLEASE COMPLETE THIS FORM AND FAX BACK TO MCMASTER AND HEAP VET PRACTICE (03)3398624

**NEO-MERCAZOLE NEEDS TO BE STOPPED 10-14DAYS BEFORE
RADIOACTIVE TREATMENT**