



5886 Tutt Blvd | Colorado Springs, CO 80923 | 719-473-0482

Radioactive Iodine Therapy I-131 Patient Referral Form

Referring Veterinarian

Referring DVM _____

Hospital Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Preferred Method of Contact: Phone / Fax / E-Mail

Patient Information

Owner's Name _____

Pet's Name _____

Species _____ Age _____

Breed _____ Sex: M / NM / F / SF

Diagnosis _____

Previous Medical Conditions _____

Date Referral Request Submitted: _____

Please send the following information along with this referral:

- Doctor's notes and pertinent patient history
- Lab tests and results, completed and pending (results from the last two weeks preferred)

All labs included _____, Pending labs not included _____

Special requests or comments _____

Thank you for providing prompt and complete records to ensure the best possible care for your patients.

Please let us know if you have any questions.

Contacts: Jules Derrickson, i-131 Lead

Email: i-131@powerspetemergency.com

Fax: 719-434-9502

Phone: 719-473-0482