

Patient Referral Form

Referring veterinarian information:

Veterinary hospital: _____

Doctor's name: _____

Address: _____ City: _____ Zip: _____

How would you prefer to be contacted?

Phone: _____ Fax: _____ Email: _____

Client information:

Client name: _____

Phone: _____ Email: _____

Patient information:

Name of pet: _____ Breed: _____ Sex: _____ Age _____

Hyperthyroid data:

Date hyperthyroidism diagnosed: _____ Thyroid nodule? (y/n): ___ Pretreatment T4/FT4 level: _____

Currently on methimazole (Felimazole) (y/n): _____ Last T4 level not on methimazole: _____

Past relevant history-List any known concurrent diseases:

Current treatment(s) or medication(s) other than methimazole:

Please Fax (910-436-4801) this form and any other pertinent lab tests and medical records