

**Myhre Equine Clinic  
New England Regional Veterinary Imaging Center**

100 Ten Rod Road  
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Rochester, NH 03867  
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**RADIOIODINE (I-131) REFERRAL FORM**

**Owner Name:**   
**Phone:**  **Email:**   
**Address:**   
**City:**  **State:**  **Zip:**

**Patient Name:**  **Age:**  **Gender:**  **Neutered**   
**Breed:**  **Color:**  **Weight:**   
**Initial Date of Diagnosis:**  **Initial T4:**  **Current T4:**

**Referring Veterinarian:**   
**Phone:**  **Email:**   
**Address:**   
**City:**  **State:**  **Zip:**

**Other Medical Problems:**

**Current Medications:**

**\*\*Methimazole should be discontinued seven days prior to treatment date\*\***

Please send patient records and lab work (CBC/CHEM PANEL, T4, TSH) to

**EMAIL:** [myhreequine@myhreequine.com](mailto:myhreequine@myhreequine.com)