

Nuclear Diagnostic Imaging and  
Radioiodine Therapy  
Referral Form



**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_ male \_\_\_ female Neutered/Spayed

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

**REFERRING DVM INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Practice: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Requested Service:**

**DELAYED PHASE BONE SCAN**

**GFR (Glomerular Filtration Rates)**

**PORTAL SCINTIGRAPHY (Porto systemic shunt detection)**

**RADIOIODINE THERAPY**

**\*\*\*Sedation is needed for most nuclear imaging\*\*\***

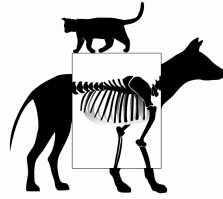
**PATIENT HISTORY** (Clinical signs, lab work, previous diagnostic tests, special requests):

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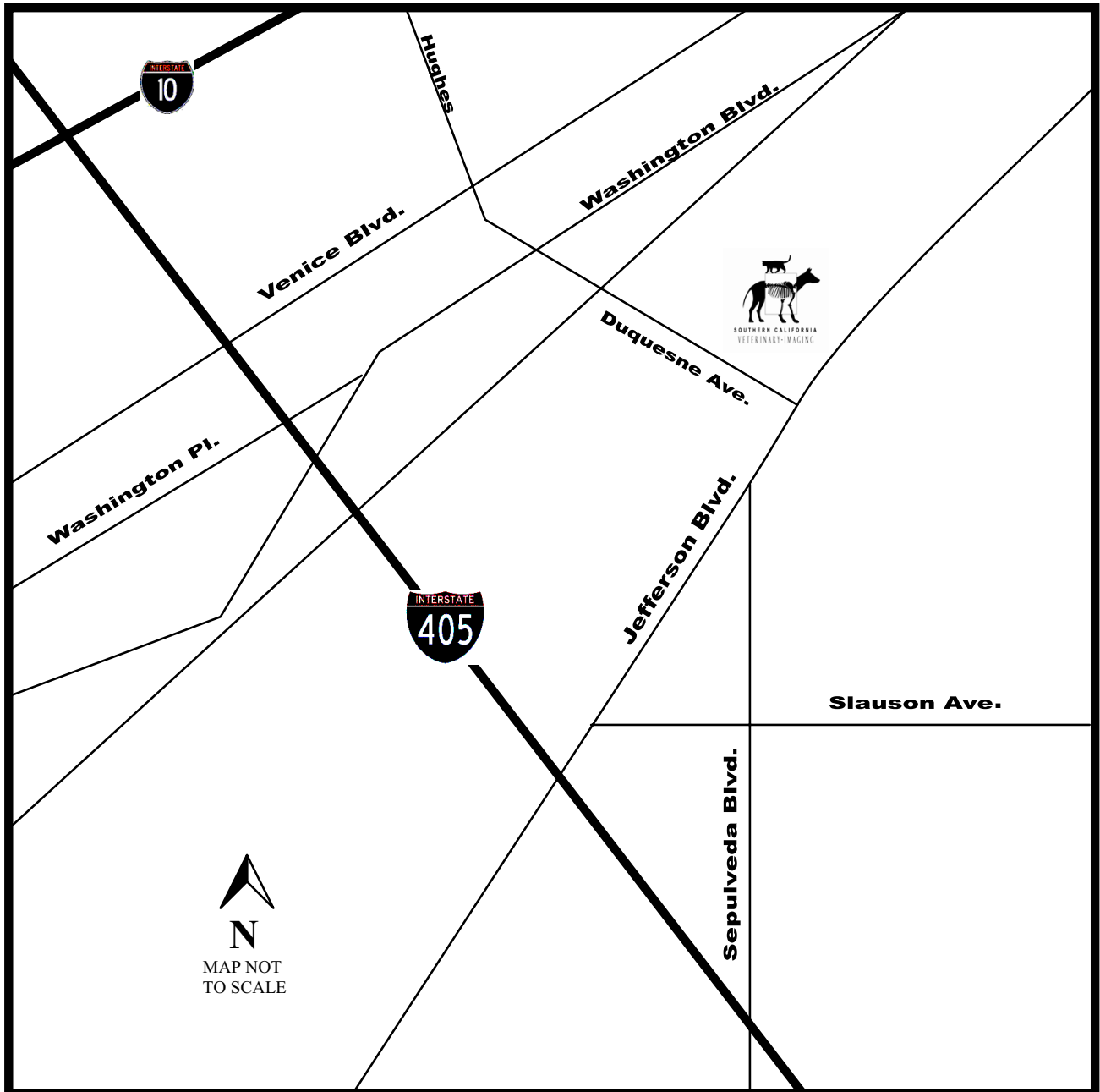
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**\*\*\*PLEASE FAX THIS COMPLETED FORM BACK TO US AND INCLUDE A COPY OF RECENT LAB WORK AND RECORDS. IF AVAILABLE, RADIOGRAPHS SHOULD BE SENT WITH CLIENT.\*\*\***



SOUTHERN CALIFORNIA  
VETERINARY-IMAGING

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SOUTHERN CALIFORNIA VETERINARY IMAGING IS LOCATED INSIDE THE CITY OF ANGELS SPECIALTY CENTER,  
JUST OFF THE 405 FREEWAY AT THE CORNER OF JEFFERSON BOULEVARD AND DUQUESNE AVENUE IN THE HEART OF CULVER CITY

\* ROOFSIDE PARKING IS AVAILABLE OFF JEFFERSON\*