

## I-131 Thyroid Treatment Patient Referral Form

<b>Patient name:</b>	Patient preferred phone: ( _____ ) _____ Patient email: _____
<b>Date of birth:</b>	Height/weight: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Referring physician:</b>	Referring physician phone/fax: Ph. _____ fax _____
<b>Patient insurance name &amp; authorization number:</b> Insurance: _____ Auth #: _____	
Diagnosis: _____ ICD code: _____	
<p><b>Required general clinical information and labs for thyroid treatment:</b></p> <p><input type="checkbox"/> Copies of all insurance cards      <input type="checkbox"/> Current labs      <input type="checkbox"/> Medical history and clinical notes</p> <p><input type="checkbox"/> Any prior related imaging studies not performed at ARA      <input type="checkbox"/> HCG pregnancy test for females ages 10-55</p> <p><input type="checkbox"/> HCG pregnancy test not required if <input type="checkbox"/> Hysterectomy <input type="checkbox"/> 2 years post-menopausal – date of last cycle: _____</p> <p><input type="checkbox"/> <b>I-123 whole body scan for thyroid cancer w SPECT/CT if needed (requirements below)</b>    <input type="checkbox"/> <b>with Thyrogen</b></p> <p><input type="checkbox"/> Serum HCG within 7 days of I-123 administration      <input type="checkbox"/> TSH and T4 panel (TSH not required if receiving Thyrogen)</p> <p><input type="checkbox"/> Thyroglobulin level</p> <p><input type="checkbox"/> <b>I-131 for hyperthyroidism (requirements below)</b></p> <p><input type="checkbox"/> Serum HCG within 7 days of I-131 administration      <input type="checkbox"/> TSH and T4 panel (TSH not required if receiving Thyrogen)</p> <p><input type="checkbox"/> Results of thyroid scan and uptake if available</p> <p><input type="checkbox"/> <b>I-131 for thyroid cancer (requirements below)</b>      <input type="checkbox"/> <b>with Thyrogen</b></p> <p><input type="checkbox"/> Serum HCG within 7 days of I-131 administration      <input type="checkbox"/> TSH (unless receiving Thyrogen)</p> <p><input type="checkbox"/> Pathology report on thyroidectomy      ATA risk stratification level:    <input type="checkbox"/> low    <input type="checkbox"/> intermediate    <input type="checkbox"/> high</p> <p><b>I-131 dosage*</b></p> <p><i>Is the treatment:</i>    <input type="checkbox"/> Ablation      <input type="checkbox"/> Adjuvant therapy</p> <p><i>Requested dose:</i>    <input type="checkbox"/> 30 mCi    <input type="checkbox"/> 100-125 mCi    <input type="checkbox"/> 125 mCi    <input type="checkbox"/> 150 mCi    <input type="checkbox"/> 175-200 mCi</p> <p style="padding-left: 40px;"><input type="checkbox"/> _____ mCi    <input type="checkbox"/> Dosage at radiologist discretion</p> <p><b>Post-treatment scan</b></p> <p><input type="checkbox"/> Schedule body scan 5 -10 days post I-131 administration.</p> <p><b>Physician update preference</b></p> <p><input type="checkbox"/> Please have the treating radiologist call the referring physician with updates. Preferred physician phone: _____</p> <p><small>*ARA radiologists are available for consult. We will confirm and may adjust dosage.</small></p>	
<b>Relevant notes on patient case:</b>  _____  _____  _____	
<b>Ordering physician signature (required):</b> _____ <b>Date:</b> _____	