ARA Theranostics
EXPERTS IN MOLECULAR IMAGING & THERAPY

# I-131 Thyroid Treatment Patient Referral Form

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|---|---|
| **Patient name:** | **Patient preferred phone:** (_____) _____<br>Patient email: _____ |
| **Date of birth:** | **Height/weight:** _____ ☐ Male ☐ Female |
| **Referring physician:** | **Referring physician phone/fax:**<br>**Ph:** _____ **Fax:** _____ |

**Patient insurance name & authorization number:**

Insurance: _____ Auth #: _____

**Diagnosis:** _____ **ICD code:** _____

**Required general clinical information and labs for thyroid treatment:**

☐ Copies of all insurance cards ☐ Current labs ☐ Medical history and clinical notes

☐ Any prior related imaging studies not performed at ARA ☐ HCG pregnancy test for females ages 10-55

☐ HCG pregnancy test not required if ☐ Hysterectomy ☐ 2 years post-menopausal – date of last cycle: _____

☐ **I-123 whole body scan for thyroid cancer w SPECT/CT if needed (requirements below)** ☐ **with Thyrogen**

☐ Serum HCG within 7 days of I-123 administration ☐ TSH and T4 panel (TSH not required if receiving Thyrogen)

☐ Thyroglobulin level

☐ **I-131 for hyperthyroidism (requirements below)**

☐ Serum HCG within 7 days of I-131 administration ☐ TSH and T4 panel (TSH not required if receiving Thyrogen)

☐ Results of thyroid scan and uptake if available

☐ **I-131 for thyroid cancer (requirements below)** ☐ **with Thyrogen**

☐ Serum HCG within 7 days of I-131 administration ☐ TSH (unless receiving Thyrogen)

☐ Pathology report on thyroidectomy ATA risk stratification level: ☐ low ☐ intermediate ☐ high

**I-131 dosage***

*Is the treatment:* ☐ Ablation ☐ Adjuvant therapy

*Requested dose:* ☐ 30 mCi ☐ 100-125 mCi ☐ 125 mCi ☐ 150 mCi ☐ 175-200 mCi

☐ _____ mCi ☐ Dosage at radiologist discretion

**Post-treatment scan**

☐ Schedule body scan 5 -10 days post I-131 administration.

**ARA radiologists are available for consult. We will confirm and may adjust dosage.*

**Relevant notes on patient case:**

_____

_____

_____

**Ordering physician signature (required):** _____ **Date:** _____