canopy imaging

I131 Therapy Referral Form

Canopy Imaging Molecular Imaging & Therapy Centre
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See our Privacy Policy

Patients name

Address

Phone no.

E-mail

DOB NHI ACC

Insurance ◯ Yes ◯ No Provider

Referring Practitioner

Name NZNM provider #

Phone no. Date

Please send all therapy related correspondence to:

Signature

Diagnosis and reason for referral

Notes:

Current Thyroid Medication:

I131 treatment dose (only if required by referring endocrinologist):

Thyroid uptake scan: Date

◯ Yes ◯ No Imaging site

Thyroid ultrasound scan: Date

◯ Yes ◯ No Imaging site

Fine Needle Aspirate: Date

◯ Yes ◯ No Imaging site

Kindly attach:

◯ Most recent Thyroid function test results ◯ Fine needle aspiration report if applicable