**Radioiodine Referral**

**www.medicalspecialistsgroup.co.nz**

**Healthlink EDI: medspecg**

**Phone +64 9 623 1170**

**Fax +64 9 623 1172**

**Date**

**To**

**Re:**

**Diagnosis:**

**Clinical History:**

**Imaging reports:** (Please attach to your referral)

**Laboratory Results** (Please indicate which laboratory investigations are available from)

**Primary Laboratory:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
| T4 |  |  |  |  |  |  |
| TSH |  |  |  |  |  |  |
| Thyroglobulin |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Date of Surgery |  |
| Histology |  |

**Referring Doctor Preferred Contact Details**