

<input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS <input type="radio"/> MISS <input type="radio"/> DR	SURNAME	FIRST NAME
ADDRESS		DOB / /
EMAIL		NHI #
PHONE (HOME)	PHONE (MOBILE)	ACC #
		INSURER #

3T MRI	3T MRI	XRAY	CT	ULTRASOUND
<input type="radio"/> C SPINE <input type="radio"/> T SPINE <input type="radio"/> L SPINE <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Finger/Thumb <input type="radio"/> Pelvis <input type="radio"/> Hip <input type="radio"/> Knee <input type="radio"/> Ankle <input type="radio"/> Foot <input type="radio"/> Arthrogram	<input type="radio"/> Brain <input type="radio"/> Angiogram <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> Other _____ INTERVENTION <input type="radio"/> Steroid Injection <input type="radio"/> PRP Injection <input type="radio"/> Nerve Root Injection <input type="radio"/> Facet Joint Injection <input type="radio"/> Other _____	<input type="radio"/> General <input type="radio"/> Other _____ NUCLEAR MEDICINE (GRAFTON ONLY) <input type="radio"/> Bone SPECT-CT <input type="radio"/> Whole Body Bone scan <input type="radio"/> Other _____ EOS (GRAFTON ONLY) <input type="radio"/> Spine <input type="radio"/> Lower limb <input type="radio"/> Whole body	<input type="radio"/> Musculoskeletal Spine <input type="radio"/> Musculoskeletal Other _____ <input type="radio"/> Head <input type="radio"/> Angiogram <input type="radio"/> Sinus <input type="radio"/> Neck <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Other _____	<input type="radio"/> Musculoskeletal ± X-Ray <input type="radio"/> Injection <input type="radio"/> Aspiration <input type="radio"/> Upper abdomen <input type="radio"/> Renal <input type="radio"/> Pelvis <input type="radio"/> Obstetrics <input type="radio"/> Carotid <input type="radio"/> DVT <input type="radio"/> Other _____

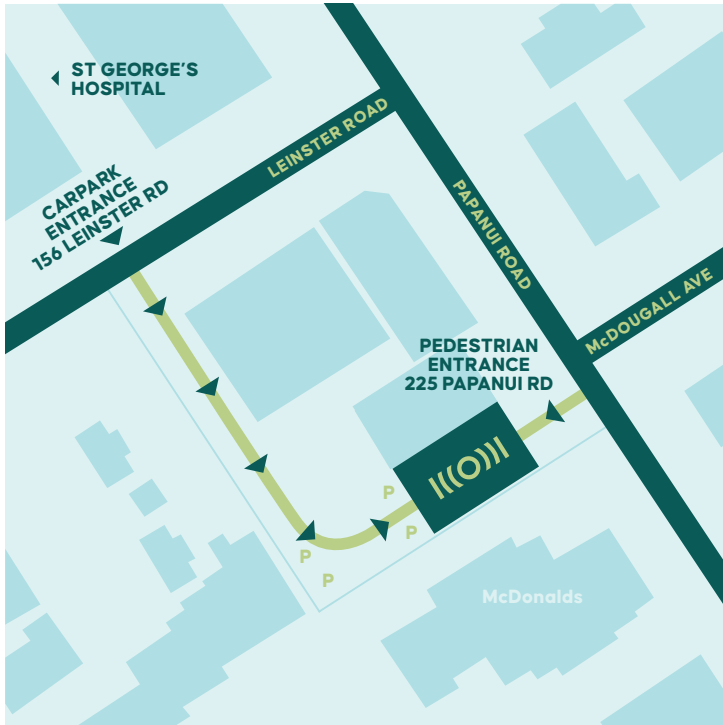
REGION OF INTEREST / PROCEDURE	ALERTS		URGENCY
	<input type="radio"/> Renal Impairment eGFR _____ <input type="radio"/> Contrast Allergy <input type="radio"/> Anticoagulants <input type="radio"/> Pacemaker <input type="radio"/> Neuro/Biostimulator <input type="radio"/> Other _____		<input type="radio"/> URGENT <input type="radio"/> Routine <input type="radio"/> Other _____
	CLINICAL DETAILS Is the Patient a Diabetic? <input type="radio"/> Yes <input type="radio"/> No Is the Patient Pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> N/A		

REFERRING PRACTITIONER	
NAME	POSITION
CONTACT DETAILS	
NZMC #	
SIGNED	PATIENT FOLLOW UP APPOINTMENT: DATE / /
DATE / /	

I WOULD LIKE THE REPORT SENT TO ME BY EDI FAX EMAIL (PLEASE INCLUDE DETAILS ABOVE)

As a consumer, you have the right to choose any Radiology provider for your imaging.

HOW TO FIND US



Beyond Radiology

Ground Floor,
225 Papanui Road,
Merivale, Christchurch 8014

BY VEHICLE there is FREE patient parking at 156 Leinster Road, opposite St Georges Hospital. Please use our allocated parking only.

ON FOOT you will find the entrance at 225 Papanui Road, next to McDonalds.

ALL PATIENTS: Please bring any previous relevant medical imaging with you to your appointment.