

<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 / /
		NHI #
EMAIL		ACC #
PHONE (HOME)	PHONE (MOBILE)	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"/> SIJ <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 _____ BREAST IMAGING (SILVERDALE ONLY) <input type="radio"/> Mammo <input type="radio"/> MRI <input type="radio"/> Biopsy <input type="radio"/> Ultrasound <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	

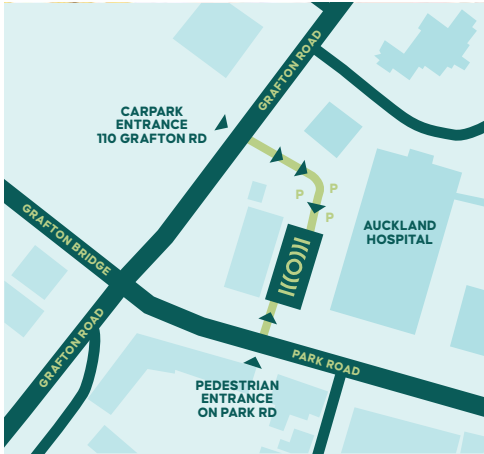
REFERRING PRACTITIONER	
NAME	POSITION
CONTACT DETAILS	
	NZMC #
SIGNED	PATIENT FOLLOW UP APPOINTMENT: DATE / /
DATE / /	

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



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

GRAFTON 110 Grafton Road, Grafton 1010.



BY VEHICLE there is FREE patient parking at 110 Grafton Road. From there, take the lift to reception.



ON FOOT you will find our pedestrian entrance on Park Road.

110 Grafton Road, Grafton 1010
bookings@beyondradiology.co.nz
09 975 3590

SILVERDALE Ground Floor, Northern Specialist Centre, 5 Painton Road, Silverdale 0932.



BY VEHICLE there is FREE patient parking at 5 Painton Road. Please use our allocated parking only.

Additional parking is available on the rooftop from the Northern Specialist Centre entrance.

The Hibiscus Coast Bus Station is across the road.



5 Painton Road, Silverdale 0932
bookings@beyondradiology.co.nz
09 975 3590

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