

REQUEST AN APPOINTMENT HERE hamilton@beyondradiology.co.nz | 07 960 0470

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○MR ○MRS ○MS ○MISS ○DR SURNAME				FIRST NAME		
ADDRESS				DOB / /		
				NHI#		
EMAIL				ACC#		
PHONE (HOME)	E (MOBILE)	INSURER#				
	_ (.105.22)					
3T MRI	3T MRI	XRAY	СТ		ULTRASOUND	
C Spine T Spine L Spine SIJ Shoulder Neck Elbow Wrist Finger/Thumb Pelvis Hip Knee Ankle Foot Arthrogram	Brain Angiogram Chest Abdomen Other INTERVENTION Steroid Injection PRP Injection Nerve Root Injection Facet Joint Injection Biopsy Other	General Other NUCLEAR MEDICINE (GRAFTON ONLY) Bone SPECT-CT Whole Body Bone scan Other EOS (GRAFTON ONLY) Spine Lower limb Whole body	SION MOON ON THE PROPERTY OF T	ngiogram inus eck hest bdomen	I O Bio	en
REGION OF INTEREST /	/ PROCEDURE:		ALEF	enal Impairment	URGENCY O URGENT	
CLINICAL DETAILS			e C	GFRontrast Allergy nticoagulants acemaker	ORoutine Other	
			○ Ye	Patient a Diabetic? es O No Patient Pregnant? es No O Unsu	ıre ON/A	
REFERRING PRACTITION	ER					
NAME			POSITIO	ON		_
CONTACT DETAILS				NZMC#		
SIGNED DATE / /			PATIENT FOLLOW DATE / / UP APPOINTMENT:			ERRAL F
I WOULD LIKE A COPY OF THE REPORT SENT TO:						
As a consumer, you have the right to choose any Radiology provider for your imaging.						REFERE
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1 LONDON STREET, HAMILTON CENTRAL, HAMILTON 3204



BY VEHICLE. limited FREE patient parking is available at 1 London Street. Please use designated patient parking areas only

Free Overflow Parking: Secure Parking, 19 London Street (100m/2-min walk). Use designated Beyond Radiology car spaces only.

Hamilton Transport Centre (500m/5-10min walk away) is situated at the bottom left of map.



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