

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

3T MRI	3T MRI	XRAY	CT (GRAFTON/SILVERDALE)	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"/> Neck <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 _____ <b>INTERVENTION</b> <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"/> Biopsy <input type="radio"/> Other _____ <input type="radio"/> Radiofrequency Ablation	<input type="radio"/> General <input type="radio"/> Other _____ <b>NUCLEAR MEDICINE (GRAFTON ONLY)</b> <input type="radio"/> Bone SPECT-CT <input type="radio"/> Whole Body Bone scan <input type="radio"/> Other _____ <b>EOS (GRAFTON ONLY)</b> <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 _____ <b>BREAST IMAGING (SILVERDALE ONLY)</b> <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 _____

<b>REGION OF INTEREST / PROCEDURE:</b>	<b>ALERTS</b>	<b>URGENCY</b>
	<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"/> <b>URGENT</b> <input type="radio"/> Routine <input type="radio"/> Other _____
	<b>Is the Patient a Diabetic?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Is the Patient Pregnant?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> N/A	
<b>CLINICAL DETAILS</b>		

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

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.

## GRAFTON



**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**  
[grafton@beyondradiology.co.nz](mailto:grafton@beyondradiology.co.nz)  
 09 975 3590

## SILVERDALE



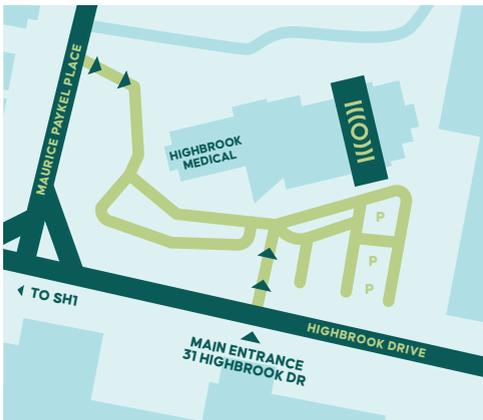
**BY VEHICLE** there is FREE patient parking at 5 Painton Road. Please use our allocated parking only.

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**  
[silverdale@beyondradiology.co.nz](mailto:silverdale@beyondradiology.co.nz)  
 09 975 3590

## HIGHBROOK



**BY VEHICLE** there is FREE patient parking at 31 Highbrook Drive.

Please use our allocated parking only.

**31 Highbrook Drive, East Tamaki 2013**  
[highbrook@beyondradiology.co.nz](mailto:highbrook@beyondradiology.co.nz)  
 09 975 3590

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



№ 86

**AUCKLAND REFERRAL FORM**