

☐ MR ☐ MRS ☐ MS ☐ MISS ☐ DR	SURNAME	FIRST NAME
ADDRESS		DOB / /
		NHI #
EMAIL		ACC #
PHONE (HOME)	PHONE (MOBILE)	INSURER #

3T MRI	3T MRI	XRAY	CT	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 _____ ☐ Radiofrequency Ablation	☐ General ☐ Other _____ NUCLEAR MEDICINE (GRAFTON ONLY) ☐ Bone SPECT-CT ☐ Whole Body Bone scan ☐ Other _____ EOS (GRAFTON ONLY) ☐ Spine ☐ Lower limb ☐ Whole body	☐ Musculoskeletal Spine ☐ Musculoskeletal Other _____ ☐ Head ☐ Angiogram ☐ Sinus ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Other _____ BREAST IMAGING (SILVERDALE ONLY) ☐ Mammo ☐ MRI ☐ Biopsy ☐ Ultrasound ☐ Other _____	☐ Musculoskeletal ± X-Ray ☐ Injection ☐ Aspiration ☐ Upper abdomen ☐ Renal ☐ Pelvis ☐ Obstetrics ☐ Carotid ☐ DVT ☐ Other _____

REGION OF INTEREST / PROCEDURE: CLINICAL DETAILS	ALERTS ☐ Renal Impairment eGFR _____ ☐ Contrast Allergy ☐ Anticoagulants ☐ Pacemaker ☐ Neuro /Biosimulator ☐ Other _____	URGENCY ☐ URGENT ☐ Routine ☐ Other _____
	Is the Patient a Diabetic? ☐ Yes ☐ No	
	Is the Patient Pregnant? ☐ Yes ☐ No ☐ Unsure ☐ N/A	

REFERRING PRACTITIONER

NAME	POSITION
CONTACT DETAILS	NZMC #
SIGNED	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.

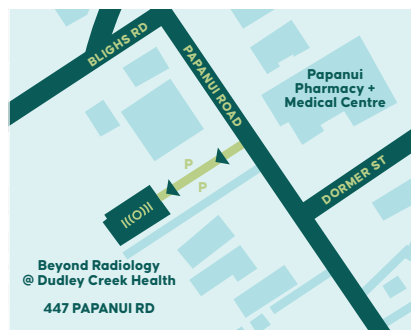
GROUND FLOOR, 225 PAPANUI ROAD, MERIVALE, CHRISTCHURCH 8014



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.



BEYOND RADIOLOGY @ DUDLEY CREEK HEALTH, 447 PAPANUI ROAD, STROWAN - BY APPOINTMENT.



FREE patient parking at 447 Papanui Road. Opposite the Papanui Pharmacy and Medical Centre.

ALL PATIENTS:

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



Nº 89

CHCH
REFERRAL FORM