Beyond Radiology

REQUEST AN APPOINTMENT HERE
mount@beyondradiology.co.nz | 07 577 0196
beyondradiology.co.nz

◯ MR ◯ MRS ◯ MS ◯ MISS ◯ DR | **SURNAME** | **FIRST NAME**

ADDRESS | DOB / /

NHI #

EMAIL | ACC #

PHONE (HOME) | PHONE (MOBILE) | INSURER #

3T MRI

- ◯ C Spine
- ◯ T Spine
- ◯ L Spine
- ◯ SIJ
- ◯ Shoulder
- ◯ Neck
- ◯ Elbow
- ◯ Wrist
- ◯ Finger/Thumb
- ◯ Pelvis
- ◯ Hip
- ◯ Knee
- ◯ Ankle
- ◯ Foot
- ◯ Arthrogram
- ◯ Brain

3T MRI

- ◯ Angiogram
- ◯ Chest
- ◯ Abdomen
- ◯ Other _____

INTERVENTION

- ◯ Steroid Injection
- ◯ PRP Injection
- ◯ Nerve Root Injection
- ◯ Facet Joint Injection
- ◯ Biopsy
- ◯ Other _____
- ◯ Radiofrequency Ablation

XRAY

- ◯ General
- ◯ Other _____

NUCLEAR MEDICINE (GRAFTON ONLY)

- ◯ Bone SPECT-CT
- ◯ Whole Body Bone scan
- ◯ Other _____

EOS (GRAFTON ONLY)

- ◯ Spine
- ◯ Lower limb
- ◯ Whole body

CT (HAM + AKL ONLY)

- ◯ Musculoskeletal Spine
- ◯ Musculoskeletal Other _____
- ◯ Head
- ◯ Angiogram
- ◯ Sinus
- ◯ Neck
- ◯ Chest
- ◯ Abdomen
- ◯ Pelvis
- ◯ Other _____

ULTRASOUND

- ◯ Musculoskeletal ± X-Ray
- ◯ Injection
- ◯ Aspiration
- ◯ Upper abdomen
- ◯ Renal
- ◯ Pelvis
- ◯ Obstetrics
- ◯ Carotid
- ◯ DVT
- ◯ Other _____

BREAST IMAGING (SILVERDALE ONLY)

◯ Mammo ◯ MRI ◯ Biopsy
◯ Ultrasound ◯ Other _____

REGION OF INTEREST / PROCEDURE:

CLINICAL DETAILS

ALERTS

- ◯ Renal Impairment eGFR _____
- ◯ Contrast Allergy
- ◯ Anticoagulants
- ◯ Pacemaker
- ◯ Neuro /Biostimulator
- ◯ 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 | 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.

TAURANGA **REFERRAL FORM**

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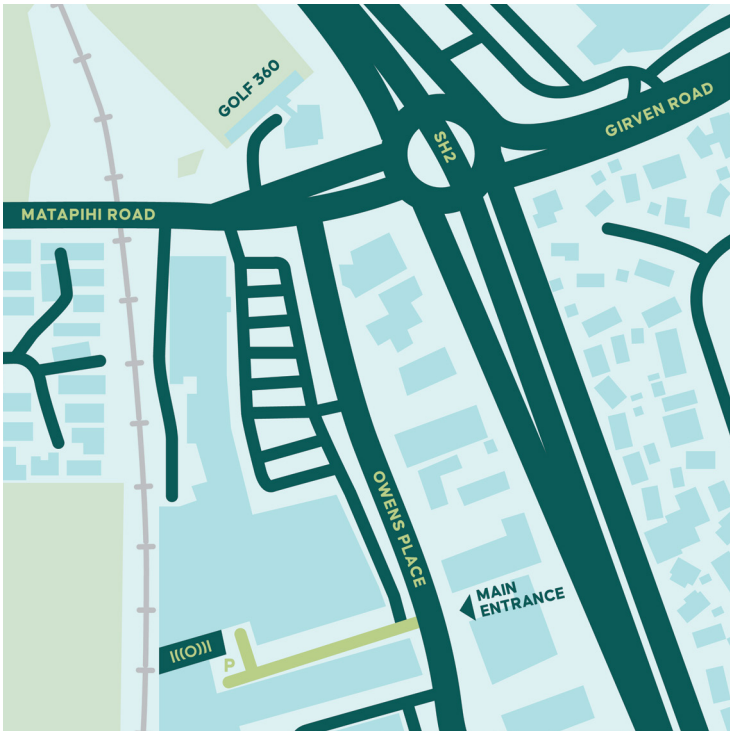
2/12B OWENS PLACE, MOUNT MAUNGANUI 3116



BY VEHICLE, there is FREE patient parking at 2/12B Owens Place.

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

ACCREDITED IANZ MEDICAL IMAGING SERVICE
№ 107

TAURANGA
REFERRAL FORM

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