

☐ 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/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	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.

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:
19 London Street
(50m/1-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.