

Title: | First name: | Surname:

Address:

NHI #:

Email: | ACC #:

Date of birth: / / | Tel (Hm): | Tel (Mob): | Insurer #:

Pregnancy indication code: | LMP: | EDD: | Contract:

Is this patient eligible for publicly funded health services? Yes No Is patient diabetic? Yes No

X-ray

- General
- Fluoroscopy

Ultrasound (US)

- Pregnancy
- Upper abdomen
- Pelvis
- Renal
- M/Skeletal
- Other (specify in notes)

Vascular US

- Aorta
- DVT
- Carotid
- Leg arteries
- Leg veins
- Renal arteries
- Other (specify in notes)

Mammography

- Screening
- Diagnostic
- FNA or biopsy
- Other (specify in notes)

Interventional

- Drainage
- Biopsy
- Steroid injection
- Other (specify in notes)

MRI

- M/Skeletal
- MR arthrogram
- Brain
- Head & Neck
- Breast
- Liver/MRCP
- Abdomen
- Enterography
- Spine
- Prostate
- MR angiogram
- Other (specify in notes)

CT

- Head
- Sinuses
- Neck
- Chest
- Abdomen
- Pelvis
- Spine
- Angiogram
- Colonography
- M/Skeletal
- Other (specify in notes)

PET-CT

(Radioisotopes required)

- 18F-FDG
- 18F-NaF
- 18F-FET
- 68Ga-PSMA
- 68Ga-DOTATATE
- Radioligand therapy (RLT)
- Other (specify in notes)

Nuclear imaging

- Bone scan - SPECT-CT
- Sentinel node scan
- Thyroid scan
- Parathyroid
- Renogram - DTPA
- Renogram - DMSA
- Colonic transit
- Hepatobiliary
- Gastric emptying
- Other (specify in notes)

Region of interest:

Clinical details:

Results:

Send report: EDI Email Report priority: Urgent Routine

Phone me **Mobile:**

Send email notification when patient is booked

Email address:

Referring practitioner: | Date: / /

Copy of report to:

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