

Mr Mrs Dr Miss Ms | First name: | Surname:

Address:

Email:

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

NHI#: | ACC#: | Insurer #: | Is patient diabetic? ☐ Yes ☐ No

Region of interest:

Clinical details:

Referring practitioner: | Date: / /

Practice/Location:

Send report: ☐ EDI ☐ Email | Report priority: ☐ Urgent ☐ Routine

☐ Phone me **Mobile:** | Follow-up appointment: / /

☐ Send email notification when patient is booked **Email:**

Copy of report to:

Practice/Location:

All our imaging is digital and available to view direct from your premises. If you are not set up for access or require hard copies please contact us: **Ph: 09 630 3324, Email: pacs@alleviaradiology.co.nz**
Note: All patients have the right to choose any radiology provider to perform the services within this referral

X-ray

- ☐ General
- ☐ Fluoroscopy

Ultrasound (US)

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

CT

- ☐ Head
- ☐ Sinuses
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Spine
- ☐ Angiogram
- ☐ Colonography
- ☐ M/Skeletal
- ☐ 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)

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)

Tend Constellation Drive Urgent Care Medical Centre

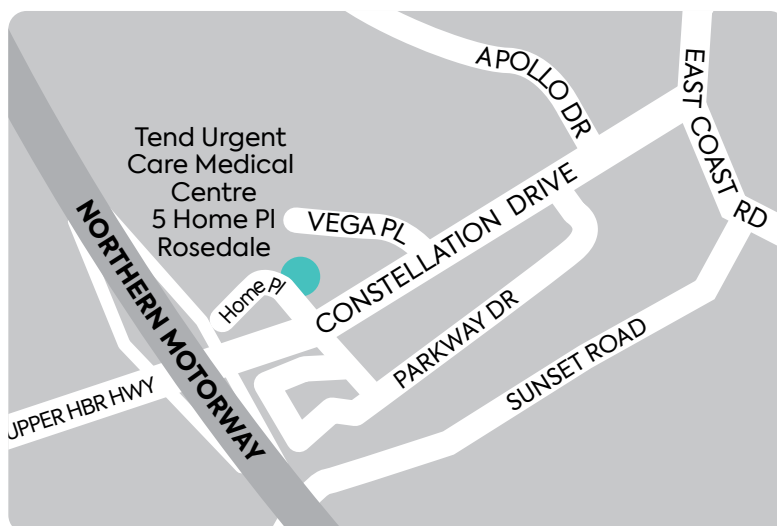
5 Home Place

Rosedale, North Shore

Auckland 0632

Phone: 09 623 5869

Email: bookings@northmri.co.nz



North MRI and Allevia Radiology entrance is to the right of the main Tend Urgent Care Medical Centre entrance.