

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

Address: _____

Email: _____ ACC#: _____ NHI#: _____

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

X-ray

- ☐ General
- ☐ Fluoroscopy

MRI

- ☐ Musculoskeletal
- ☐ MR Arthrogram
- ☐ Brain
- ☐ Head & Neck
- ☐ Liver/MRCP
- ☐ Abdomen
- ☐ Enterography
- ☐ Spine
- ☐ Prostate
- ☐ MR Angiogram
- ☐ Female pelvis
- ☐ MSK pelvis
- ☐ Other (specify in notes)

CT

- ☐ Head
- ☐ Sinuses
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Spine
- ☐ Musculoskeletal
- ☐ Other (specify in notes)

Nuclear imaging

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

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



How to find us...

We are located in the **Ascot Office Park , 95 Ascot Avenue, Building C, Level 1.**

Patient parking: As you enter into the Ascot Business Park Building from the roundabout, turn left to enter the underground basement car park.

Please park in the car parks sign-posted: **MSK Radiology Customer Parking.**

Please take the lift to building C, level 1.

