

GENERAL RADIOLOGY REQUEST



Pacific Radiology

For Referrer to Complete

Patient Information		Mr / Mrs / Ms / Miss	M <input type="checkbox"/> F <input type="checkbox"/>
Surname _____		First Names _____	
DOB ____ / ____ / ____		NHI _____	
Address _____		Mobile _____	
		Phone _____	
Email _____			

Funding	
<input type="checkbox"/> Patient Funded	<input type="checkbox"/> Accredited Employer - Name _____
<input type="checkbox"/> ACC - ACC number _____	<input type="checkbox"/> Insurance Company - Name _____
Date of Injury ____ / ____ / ____	Insurance - Membership No. _____

Examination Requested		Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Xray	Region of Interest _____	
<input type="checkbox"/> Mammo		
<input type="checkbox"/> Dexa		
<input type="checkbox"/> Ultrasound	Region of Interest _____	
Relevant/Previous Imaging done at _____		

Clinical Details			
Previous Caesarian Section Yes / No			
<input type="checkbox"/> Urgent	<input type="checkbox"/> Semi urgent	<input type="checkbox"/> Non urgent	Specific date request _____

Referrers Details		Practice Stamp
Signed _____		
Name _____		
Date ____ / ____ / ____		
Copies of results to _____		
Please submit referral so that an appointment can be made		

For Radiology use only			
Pregnancy Status	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Not Pregnant	MRT initials _____
Checked with Radiologist Yes / No			
Protocol Details			

Appointment Details: Date _____ Time _____ Place _____ email/post/phone _____
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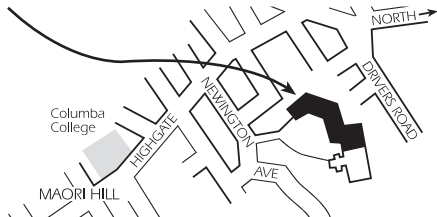


Pacific Radiology

DUNEDIN BRANCHES

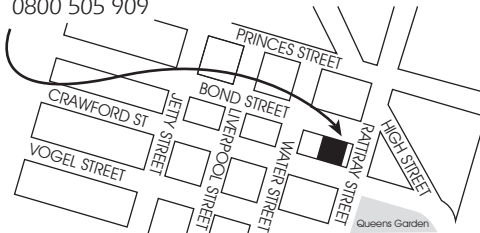
THE MARINOTO CLINIC, DUNEDIN

72 Newington Ave, Maori Hill, Dunedin
Email dunedin.reception@pacificradiology.com
Ph (03) 467-6687 0800 505 909
Fax (03) 466 7971



CONSULTANCY HOUSE, DUNEDIN

7 Bond Street, Dunedin 9016
Email dunedin.reception@pacificradiology.com
Ph (03) 467-6687 0800 505 909
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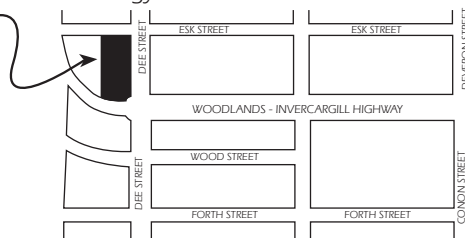
GREAT KING STREET, DUNEDIN

162 Great King Street, Centre City
Email dunedin.reception@pacificradiology.com
Ph (03) 467-6687 0800 505 909
Fax (03) 466 7971



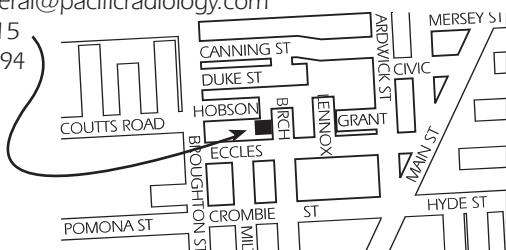
INVERCARGILL RADIOLOGY

2-10 Dee Street, Invercargill 9810
Email invercargill@pacificradiology.com
Ph (03) 218 3593
Fax (03) 218 3590



GORE HOSPITAL

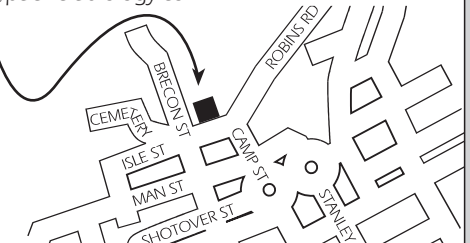
9 Birch Lane, Gore 9710
Email gore.general@pacificradiology.com
Ph (03) 209-3015
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QUEENSTOWN BRANCHES

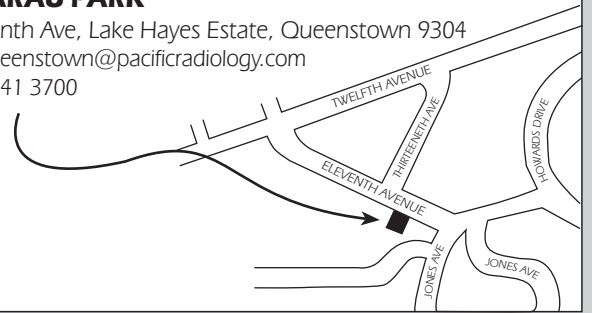
QUEENSTOWN MEDICAL CENTRE

9 Isle Street, Queenstown 9300
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Fax (03) 441 0576



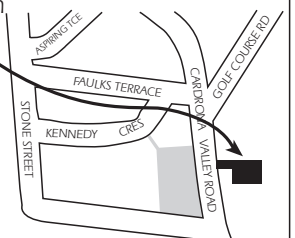
KAWARAU PARK

24 Eleventh Ave, Lake Hayes Estate, Queenstown 9304
Email queenstown@pacificradiology.com
Ph (03) 441 3700



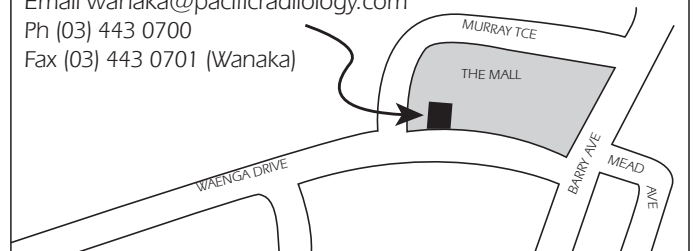
WANAKA LAKES HEALTH CENTRE

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CROMWELL MEDICAL CENTRE

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