Pacific Radiology

www.pacificradiology.com

PATIENT INFORMATION

Name

Date of birth | NHI No.

Phone | Email

Address

ACC No. / Insurance / Employer

MRI | Ultrasound | Xray | CT | Bone Density

Examination required

Reason for investigation

CODE | LMP / EDD | GFR

REFERRER INFORMATION

Name

Address

Phone / Fax | Signature

Copy report to | Date

GETTING IN TOUCH:

Phone: 0800 633 462 (opt 3) | **Email:** waikato@pacificradiology.com
Please refer to the maps overleaf for our locations

ACCREDITED IANZ MEDICAL IMAGING SERVICE

Affiliated Provider
Southern Cross Health Insurance

North Hamilton 41-45 Karewa Place

MRI | CT | ULTRASOUND | X-RAY

Puutikitiki 21 Puutikitiki Street

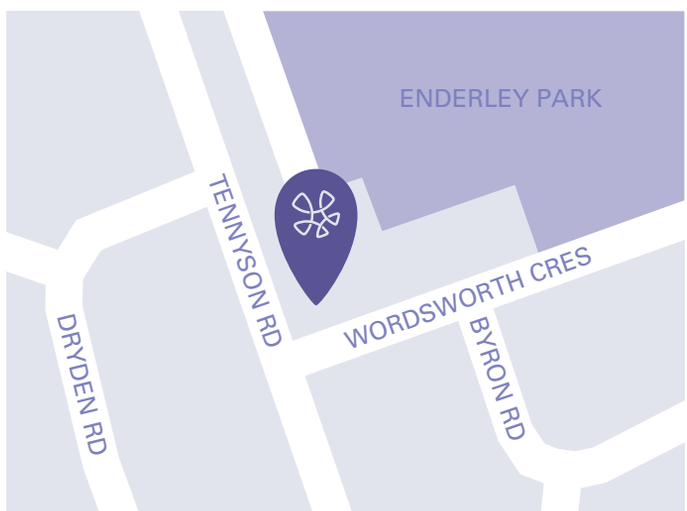
MRI | CT | ULTRASOUND | X-RAY | BONE DENSITY

Pembroke 35 Pembroke Street

MRI | ULTRASOUND

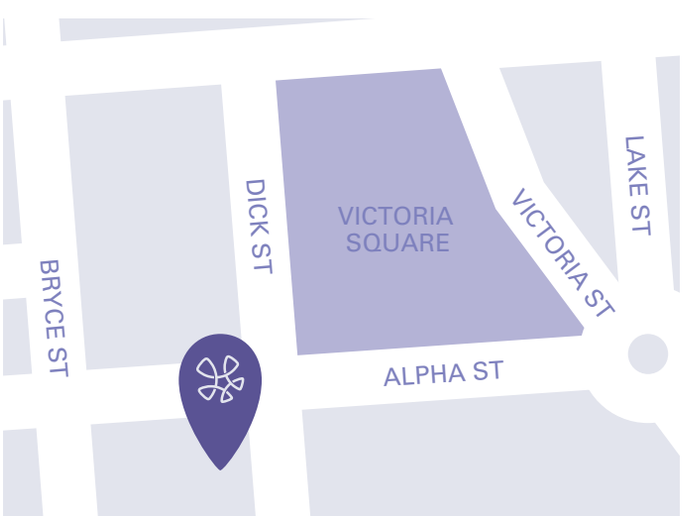
Te Kōhao Medical Imaging 47 Tennyson Road

CT | ULTRASOUND | X-RAY | BREAST SCREENING



Cambridge 14 Dick Street

ULTRASOUND | X-RAY



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