

## Musculoskeletal Imaging Referral

### Patient Information

(Please see reverse for branch location)

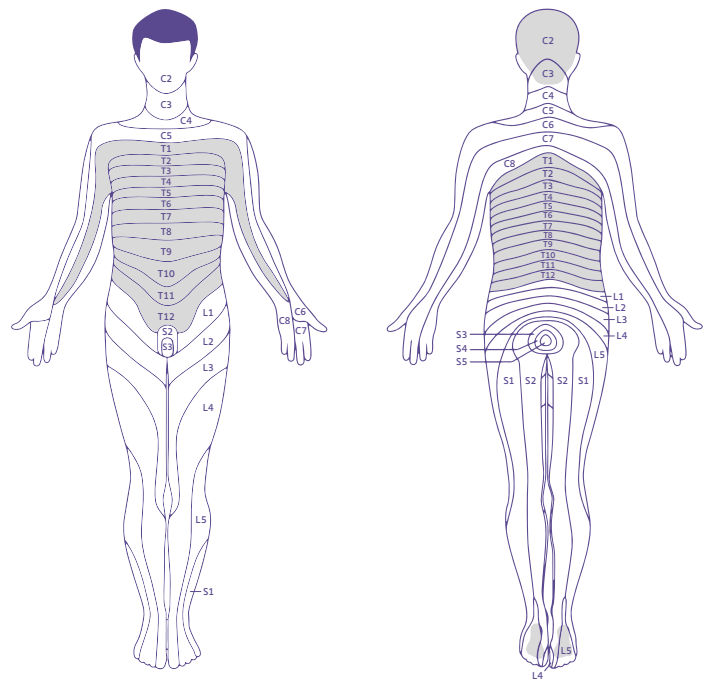
<input type="text" value="First names"/>	<input type="text" value="Surname"/>
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Previous x-ray / scan	<input type="text" value="Date of birth"/> <input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>
<input type="text" value="Phone home"/>	<input type="text" value="Phone work"/>
<input type="text" value="Address"/>	
<input type="text" value="NHI No."/>	<input type="text" value="ACC No."/>

### Examination

<input type="checkbox"/> X-Ray	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> MRI	<input type="checkbox"/> Steroid Injection +/- Local
<input type="checkbox"/> CT	<input type="checkbox"/> Autologous Blood Injection
<input type="checkbox"/> Other	<input type="checkbox"/> Joint Aspiration

### Clinical Details

### Symptomatic Dermatomes



### Referrer Information

<input type="checkbox"/> Urgent report	<input type="checkbox"/> Routine report	<input type="text" value="Phone / Fax"/>
<input type="text" value="Referrer's name"/>		
<input type="text" value="Practice address"/>		
<input type="text" value="Signature"/>	<input type="text" value="Date"/>	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>

It is very important that you bring this form with you to your appointment. Without the form, we may be unable to perform your examination.

Send more forms

## Palmerston North Branch Location



## Contact Details

### Appointments and enquiries

T. +64 6 954 2040

F. +64 6 954 2041

### Address

33-43 Princess Street

Palmerston North

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