

GENDER: ☐ Male ☐ Female ☐ Other	SURNAME:	FIRST NAME:	NHI:
	ADDRESS:		DATE OF BIRTH:
	EMAIL ADDRESS:		MOBILE NUMBER:
ACC NUMBER:	DATE OF INJURY:	INSURANCE POLICY:	FUNDING:

IMAGING: ☐ Bone Densitometry (DEXA) ☐ CT ☐ Fluoroscopy (Not available in Waikato) ☐ Mammography ☐ MRI ☐ PET-CT MSK (Christchurch & Wellington) ☐ Ultrasound ☐ X-ray ☐ Obstetric Ultrasound LMP _____ EDD _____ Pregnancy check ☐ Yes ☐ No	EXAMINATION REQUIRED: 	
	☐ LEFT ☐ RIGHT REPORT URGENCY: ☐ 24 HR ☐ 48 HR ☐ ROUTINE	CLINICAL DETAILS:

_____ REFERRING PRACTITIONER	_____ REFERRERS SIGNATURE	DATE:
		MCNZ NUMBER:

OFFICE USE	MIT	EXAM CODE	NUMBER OF IMAGES

You can find our services in the following regions:

Pacific Radiology Canterbury

P. 0800 274 000 | 03 379 0770
E. Patientenquiries.prc@pacificradiology.com

Procedures

X-ray, Fluoroscopy, Cone Beam CT,
Ultrasound, CT, MRI, Breast Imaging,
Bone Density, PET-CT

Canterbury Breastcare

P. 03 355 1194
E. CBC.admin@pacificradiology.com

Procedures

Mammography, Ultrasound, MRI, Biopsies,
Diagnostic Breast Imaging, Fine Needle Aspiration,
Breast Tomosynthesis, Localisation

Pacific Radiology Nelson

P. 03 744 3554
E. Nelson.fax@pacificradiology.com

Procedures

X-ray, Ultrasound,
CT, MRI, Breast Imaging,
Bone Density

Pacific Radiology Otago & Southland

P. 0800 505 909
E. dunedin.admin@prg.co.nz

Procedures

X-ray, Ultrasound,
CT, MRI, Breast Imaging,
Bone Density

Pacific Radiology Waikato

P. 07 834 3530
E. Waikato@pacificradiology.com

Procedures

X-ray, Ultrasound,
CT, MRI, Breast Imaging,
Bone Density

Pacific Radiology Wellington

P. 0800 674 300
E. wellington.enquiries@pacificradiology.com

Procedures

X-ray, Fluoroscopy, Ultrasound,
CT, MRI, Breast Imaging, Bone
Density, PET-CT