

Mr Mrs Dr _____
 Ms Miss Surname First name Date of Birth NHI Number
 Address Daytime Phone Number Mobile Phone Number
 Email ACC Number Insurer

General X-ray

Pregnancy Ultrasound

Dating
 NT
 Anatomy
 Growth
 Multiple
 Other _____

Interventional

Steroid Injection
 US Steroid Injection
 CT Steroid Injection
 Biopsy / Fine Needle Aspiration
 Other _____

Cardiac

Coronary Calcium CT Score
 CT Coronary Angiography
 Cardiac MRI
 TAVI planning
 Pulmonary venous mapping
 Other _____

Ultrasound

U/Abdo
 Pelvis
 Renal
 M/Skeletal
 DVT
 Carotid
 Leg Veins
 Renal Arteries
 Vascular
 Pelvic Floor
 Other _____

MRI

Head
 Spine
 Chest
 Abdomen
 Cervical Spine
 Thoracic Spine
 Lumbar Spine
 Pelvis
 M/Skeletal
 Arthrogram
 Enterography
 Other _____

CT

Sinuses
 Head
 Spine
 Neck
 Chest
 Abdomen
 Pelvis
 M/Skeletal
 Renal Colic
 Colonography
 Other _____

Breast

Screening Mammogram
 Diagnostic Mammogram
 Ultrasound
 Breast MRI
 Biopsy / Fine Needle Aspiration
 Hookwire
 Other _____

Other

Exam Requested

Left
 Right
 Bilateral

Clinical Indications and Questions

Referring Practitioner

Signature _____ Practitioner Name _____
 Lead maternity carer _____
 NZMC/Reg No. _____ EDD _____ LMP _____
 Copy report to _____ Fax report to _____ Mobile Number _____ Date _____

Diabetic Yes No
 Kidney Disease Yes No
 Is the Patient Pregnant? Yes No Unsure N/A
 Need Translator Services Yes No

XR US MR CT
Milford

 209 Shakespeare Road, Milford, 0620
 P 09 487 2555 E bookings@canopyimaging.co.nz
US MM MR
Auckland Breast Centre ABC

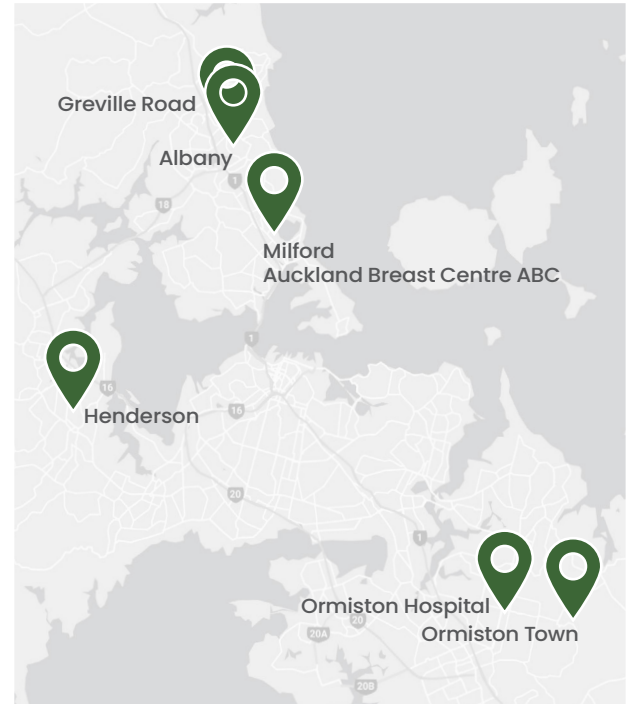
 209 Shakespeare Road, Milford, 0620
 P 09 488 9179 E abc@aucklandbreastcentre.co.nz
XR US
Albany

 Cnr Rosedale Road & Apollo Drive, Rosedale, 0632
 P 09 487 2555 E bookings@canopyimaging.co.nz
XR US
Greville Road

 50 Greville Road, Pinehill, 0632
 P 09 487 2555 E bookings@canopyimaging.co.nz
XR US MR
Henderson

 131 Lincoln Road, Henderson, 0610
 P 09 487 2555 E bookings@canopyimaging.co.nz
XR MR CT
Ormiston Hospital

 125 Ormiston Road, Botany Junction, Flat Bush, 2019
 P 09 487 2555 E bookings@canopyimaging.co.nz
XR US
Ormiston Town

 211 Ormiston Road, Flat Bush, Auckland, 2019
 P 09 487 2555 E bookings@canopyimaging.co.nz

Services Key
XR X-ray

MR MRI

US Ultrasound

MM Mammography

CT CT Scanning

Patient information
Before you arrive at the clinic

- Remember to have your referral form with you, or send a copy to us before your appointment. If you don't have your referral form, we may not be able to perform your examination on the day.
- Please arrive 10 minutes before your appointment so we have plenty of time to get you ready for your examination.
- If you are having an X-ray, CT or MRI, it is not possible to bring family members or friends into the examination room with you. Therefore if you have young children, you must bring someone to supervise them during this time.

Payment information

- All monies owed for the examination you receive must be settled on the day, prior to you leaving our clinic.
- We accept Q-card as a form of payment.

What to do before your examination

- Before you undergo any medical examination, please let our clinical staff know if you are pregnant.
- The use of phones and cameras is not permitted in our clinical rooms.
- If you are having an ultrasound examination, so that we may give our full attention to your medical needs, only two family members or friends can be present with you. If you bring more, they will need to wait in our reception area.

- Once your examination is complete, our radiologist will report their findings directly to the medical professional who referred you. If you would like a copy of your report sent to another medical professional, please let us know and we will happily accommodate your request.

Going home

- If you are having a steroid or arthrogram injection or sedation, you may need to bring someone to drive you home or arrange alternative transport as it may not be safe for you to drive for at least 20 minutes after your procedure.

 See our [Privacy Policy](#)
