

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  
 Other \_\_\_\_\_

**MRI**

Head  
 Spine  
 Chest  
 Abdomen  
 Cervical Spine  
 Thoracic Spine  
 Lumbar Spine  
 Pelvis  
 M/Skeletal  
 Arthrogram  
 Enterography  
 Prostate  
 Pelvic Floor  
 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**

DEXA  
 PET-CT  
 Nuclear Medicine / SPECT-CT  
 Therapy

**Exam Requested**

Left  
 Right  
 Bilateral

**Clinical Indications and Questions**

**Referring Practitioner**

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

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

## Our Hawkes Bay locations

Please visit our website for directions [www.canopyimaging.co.nz](http://www.canopyimaging.co.nz)

**Hastings** P 06 873 1166 E [hawkesbay@canopyimaging.co.nz](mailto:hawkesbay@canopyimaging.co.nz)

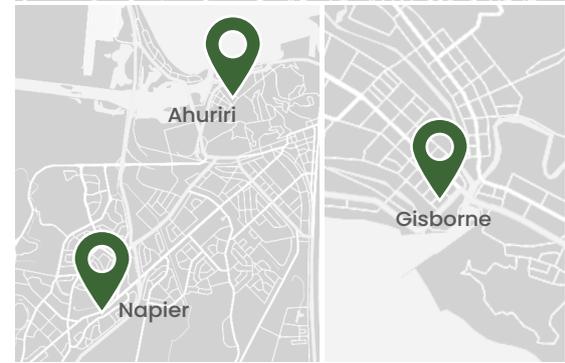
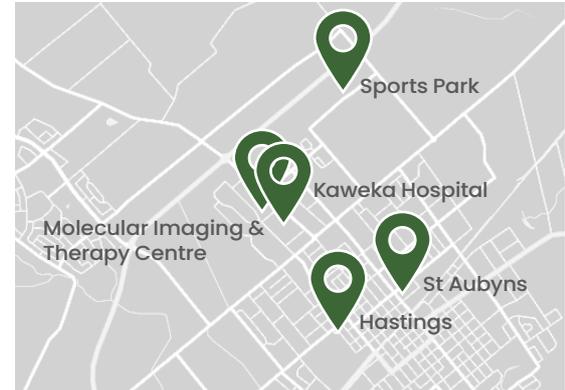
- XR MR US MM CT** **Royston Hospital**  
325 Prospect Road, Hastings 4122
- US** **St Aubyns – The Hastings Health Centre**  
303 St Aubyn St West, Hastings 4122
- D** **Hawkes Bay Regional Sports Park**  
Level 1, EIT Institute of Sport & Health  
42 Percival Rd, Hastings 4120
- XR MR US MM** **Kaweka Hospital**  
209 Canning Road, Camberley, Hastings 4120
- CT PT SP** **Molecular Imaging & Therapy Centre**  
4 Murray Place, Camberley, Hastings 4120

**Napier** P 06 845 3306 E [napier@canopyimaging.co.nz](mailto:napier@canopyimaging.co.nz)

- XR US** **Napier**  
522 Kennedy Road, Greenmeadows 4112
- MR US MM** **Ahuriri**  
18 Ossian Street, Ahuriri 4110

**Gisborne** P06 867 0736 E [gisborne@canopyimaging.co.nz](mailto:gisborne@canopyimaging.co.nz)

- XR US MM** **Gisborne – Three Rivers Medical Centre**  
75 Customhouse Street, Gisborne 4010



**Services Key** **XR** X-ray **MR** MRI **US** Ultrasound **MM** Mammography **CT** CT Scanning **D** DEXA **PT** PET/CT **SP** Nuclear Medicine/SPECT-CT

## 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.

