

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

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

Cardiac

Coronary Calcium CT Score
 CT Coronary Angiography
 Other _____

Ultrasound

Abdomen
 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
 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
 Stereotactic Biopsy
 Other _____

Other

DEXA
 Body Composition Assessment
 PET-CT

Exam Requested

Left
 Right
 Bilateral

Clinical Indications and Questions

Referring Practitioner

 Practitioner Name

 Signature Lead maternity carer

 NZMC/Reg No. EDD LMP
 _____ / /
 Copy 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
Feilding Health Centre

7 Duke Street, Feilding 4702

P 06 357 9079

 E feilding@canopyimaging.co.nz
XR MR US MM
Aorangi Specialist Centre

175 Grey Street, Palmerston North 4410

P 06 357 9079

 E pn@canopyimaging.co.nz
CT D PT
XR
City Health

22 Victoria Avenue, Palmerston North 4410

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XR US
Te Pūtahi Ora

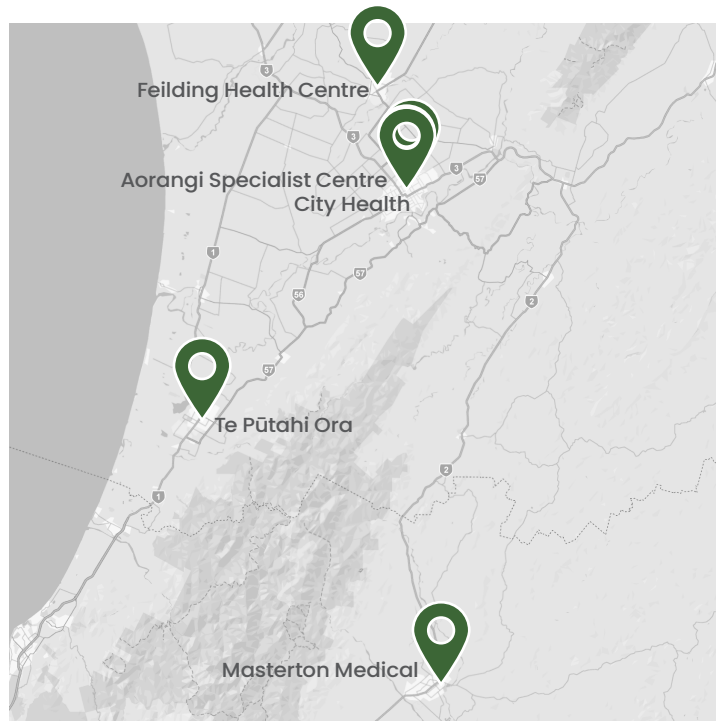
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P 06 357 9079

 E levin@canopyimaging.co.nz
US
Masterton Medical

4 Colombo Road, Masterton 5810

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Services Key
XR

X-ray

MR

MRI

US

Ultrasound

MM

Mammography

CT

CT Scanning

D

DEXA

PT

PET-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.

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.

* Open August 2026

