

To make an appointment

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Rotorua Rotorua MRI/CT Taupo

P 07 348 8139 P 07 349 5780 P 07 377 3372

O Mr O Mrs O Dr O Ms O Miss Surname Address First name			Date of Birth	NHI Number	
			Daytime Phone Numbe	Mobile Phone Number	
	Email		ACC Number	Insurer	
Pregnancy O Pelvis O Head O Pelvis O Spine O O Dating O N/Skeletal O Neck O Dating DVT O Chest O O Anatomy Carotid O Abdom O Growth Carotid O Abdom O Growth Leg Veins O Pelvis O Multiple Vascular O Renal O Other Pelvic Floor O Colonor Other Pelvic Floor O O Other Pelvic Floor O O Other O O O O Other Head Spine O O Other Chest O Mamm O Diagnor Abdomen O Ultrasor Other Abdomen O Ultrasor Other Cervical Spine Namm Namm	 Sinuses Head Spine Neck Chest Abdomen Pelvis M/Skeletal Renal Colic Colonography 	Exam Requested		○ Left ○ Right ○ Bilateral	
		Referring Practition		er Name	
 Thoracic Spine Lumbar Spine Pelvis M/Skeletal Arthrogram Enterography Other 	 Biopsy / Fine Needle Aspiration Hookwire Other Other 	Diabetic Kidney Disease	EDD x report to Mobile Nu OYes Of OYes Of	10 10	
	Ultrasound Ul/Abdo Pelvis Renal M/Skeletal DVT Carotid Leg Veins Renal Arteries Vascular Pelvic Floor Other MRI Head Spine Chest Abdomen Cervical Spine Thoracic Spine Ultrascient Abdomen Cervical Spine M/Skeletal Arthrogram Enterography O	Ultrasound CT Ul/Abdo Sinuses Pelvis Head Renal Spine M/Skeletal Neck DVT Chest Carotid Abdomen Leg Veins Pelvis Renal Arteries M/Skeletal Vascular Renal Colic Pelvic Floor Colonography other Other MRI Breast Head Screening Mammogram Other Diagnostic Mammogram Other Biopsy / Fine Needle Aspiration M/Skeletal Hookwire Arthrogram Other M/Skeletal Other	Email Ultrasound CT Exam Requested 0 U/Abdo Sinuses Head 0 Pelvis Head Spine 0 M/Skeletal Neck Clinical Indication 0 DVT Chest Clinical Indication 0 Carotid Abdomen Clinical Indication 0 Leg Veins Pelvis Clinical Indication 0 KRI Renal Arteries M/Skeletal 0 Vascular Renal Colic Colonography 0 other Other Signature MRI Breast Screening Mammogram 0 Head Screening Mammogram Signature 0 Lumbar Spine Diagnostic Marmogram Signature 0 Hookwire Other NZMC/Reg No. Copy report to Failed 0 M/Skeletal Other Diabetic Copy report to Failed 0 Arthrogram Other Diabetic Kidney Disease	Daytime Phone Number Ultrasound CT Ultrasound Sinuses Pelvis Head Neck Clinical Indications and Questions M/Skeletal Neck DVT Chest Carotid Abdomen Leg Veins Pelvis Renal Arteries M/Skeletal Vascular Renal Colic Pelvic Floor Clonography other Streening Mammogram Abdomen Diagnostic Mammogram Abdomen Diagnostic Mammogram Abdomen Diagnostic Mammogram Head Breast MRI Biopsy / Fine Needle Aspiration Signature Hookwire Other W/Skeletal Nack/Reg No. Atthogram Other Other Other	

Please remember to bring this form with you to your appointment | For further information visit www.canopyimaging.co.nz

Our locations

Please visit our website for directions www.canopyimaging.co.nz





Rotorua

Lakes Care Medical Clinic 1165 Tutanekai Street, Rotorua 3010 P 07 348 8139

E rotorua@canopyimaging.co.nz

US MR CT

Rotorua MRI/CT

1203 Haupapa Street, Rotorua, 3010

P 07 349 5780

E rotoruamri@canopyimaging.co.nz

XR US MM

Taupo

115 Te Heuheu Street, Taupo, 3330 P 07 377 3372

- 0/3//33/2
- E taupo@canopyimaging.co.nz

Services Key

XR X-ray

Ultrasound

CT CT Scanning

MR MRI

MM Mammography

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.



