

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	<ul> <li>Sinuses</li> <li>Head</li> <li>Spine</li> <li>Neck</li> <li>Chest</li> <li>Abdomen</li> <li>Pelvis</li> <li>M/Skeletal</li> <li>Renal Colic</li> <li>Colonography</li> </ul>	Exam Requested		○ Left ○ Right ○ Bilateral	
		Referring Practition		er Name	
<ul> <li>Thoracic Spine</li> <li>Lumbar Spine</li> <li>Pelvis</li> <li>M/Skeletal</li> <li>Arthrogram</li> <li>Enterography</li> <li>Other</li> </ul>	<ul> <li>Biopsy / Fine Needle Aspiration</li> <li>Hookwire</li> <li>Other</li> <li>Other</li> </ul>	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.



