# To make an appointment W www.canopyimaging.co.nz/requestbooking

P 06 357 9079 | 0800 111 060 E pn@canopyimaging.co.nz

<pre>OMr OMrsODr OMs OMiss Surname</pre> First name		First name		Date of Birth	NHI Number
Address				Daytime Phone Number	r 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	CT Sinuses Head Spine Neck Chest Abdomen Pelvis M/Skeletal Renal Colic Colonography Other	Exam Requested  Clinical Indications	s and Questions	○ Left ○ Right ○ Bilatera
	MRI O Head O Spine O Chest O Abdomen O Cervical Spine O Thoracic Spine O Lumbar Spine O Pelvis O M/Skeletal O Arthrogram O Enterography Other	Breast  Screening Mammogram  Diagnostic Mammogram  Ultrasound Breast MRI Biopsy / Fine Needle Aspiration Hookwire Stereotactic Biopsy Other	Referring Practition	<b>ner</b> Practition	er Name
			Signature  NZMC/Reg No.  Copy report to	Lead mat	ernity carer  LMP  Date
		Other  O DEXA  Body Composition Assessment	Diabetic Kidney Disease Is the Patient Pregr Need Translator Se		No OUnsure ON/A







## Feilding Health Centre

7 Duke Street, Feilding 4702 P 06 357 9079 E feilding@canopyimaging.co.nz















175 Grey Street, Palmerston North 4410 P 06 357 9079 E pn@canopyimaging.co.nz



## City Health

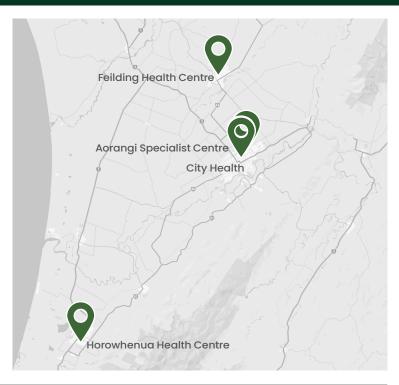
22 Victoria Avenue, Palmerston North 4410 P 06 357 9079 E pn@canopyimaging.co.nz





## Horowhenua Health Centre

62 Liverpool Street, Levin 5510 **P** 0800 111 060 E levin@canopyimaging.co.nz



# **Services Key**



X-rav



Ultrasound



Mammography



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.

### 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. CCREDITE

See our **Privacy Policy** 

