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imaging

Rhenium 188 Skin Cancer Therapy Referral Form

Canopy Imaging Molecular Imaging & Therapy Centre
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Patients Details

Patients name	DOB
NHI	Email
Phone number	
Address	
Insurance	<input type="radio"/> Yes <input type="radio"/> No
	Provider

Leison Details

Lesion Type	Date of diagnosis
Previous treatments received	
Reason for referral	

Punch Biopsy Information

Date of Punch Biopsy:	
Punch Biopsy Report (please attach)	
Image of Lesion (please attach)	
Lesion thickness	Lesion size
Hyperkeratotic/nodular	<input type="radio"/> Yes <input type="radio"/> No

Referring Practitioner

Name	NZNM provider #
Phone number	Date
Email:	
Signature	

Please send all therapy related correspondence to therapynurse@canopyimaging.co.nz