

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**

- Steroid Injection
- US Steroid Injection
- CT Steroid Injection
- Biopsy / Fine Needle Aspiration
- \_\_\_\_\_
- Other

**Cardiac**

- Coronary Calcium CT Score
- CT Coronary Angiography
- Cardiac MRI
- TAVI planning
- Pulmonary venous mapping
- \_\_\_\_\_
- Other

**Ultrasound**

- U/Abdo
- 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
- \_\_\_\_\_
- 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
- \_\_\_\_\_
- Other

**Other**

\_\_\_\_\_

**Exam Requested**

- Left
- Right
- Bilateral

**Clinical Indications and Questions**

**Referring Practitioner**

Signature \_\_\_\_\_ Practitioner Name \_\_\_\_\_  
 Lead maternity carer \_\_\_\_\_  
 NZMC/Reg No. \_\_\_\_\_ EDD \_\_\_\_\_ LMP \_\_\_\_\_  
 Copy report to \_\_\_\_\_ Fax 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 MR CT**
**Milford**

 209 Shakespeare Road, Milford, 0620  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)
**US MM MR**
**Auckland Breast Centre ABC**

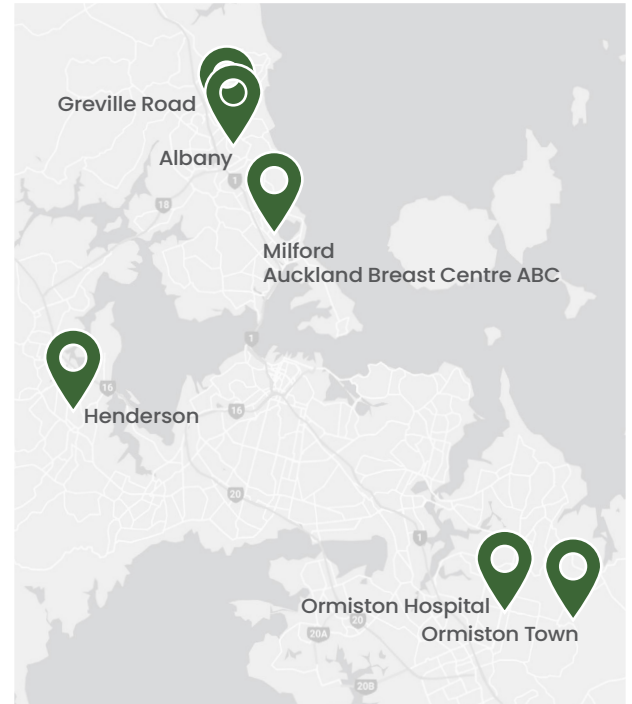
 209 Shakespeare Road, Milford, 0620  
 P 09 488 9179 E [abc@aucklandbreastcentre.co.nz](mailto:abc@aucklandbreastcentre.co.nz)
**XR US**
**Albany**

 Cnr Rosedale Road & Apollo Drive, Rosedale, 0632  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)
**XR US**
**Greville Road**

 50 Greville Road, Pinehill, 0632  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)
**XR US MR**
**Henderson**

 131 Lincoln Road, Henderson, 0610  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)
**XR MR CT**
**Ormiston Hospital**

 125 Ormiston Road, Botany Junction, Flat Bush, 2019  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)
**XR US**
**Ormiston Town**

 211 Ormiston Road, Flat Bush, Auckland, 2019  
 P 09 487 2555 E [bookings@canopyimaging.co.nz](mailto:bookings@canopyimaging.co.nz)

**Services Key**
**XR** X-ray

**MR** MRI

**US** Ultrasound

**MM** Mammography

**CT** 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.
- 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.

 See our [Privacy Policy](#)
