

**Appointment:**

Office use only

Time ..... Day ..... Date .....

SURNAME:	NAME:	
ADDRESS:	DOB:	NHI #:
EMAIL:	PH:	
REFERRING PRACTITIONER	DATE:	
SIGNATURE:	ACC/INSURER DETAILS	
PRACTICE NAME/LOCATION	COPY OF REPORTS TO:	

**X-RAY**
**ULTRASOUND**
**CT SCANNING**
**MAMMOGRAPHY**

<input type="radio"/> Pregnancy <input type="radio"/> Abdomen <input type="radio"/> Renal <input type="radio"/> Pelvis <input type="radio"/> Thyroid <input type="radio"/> Breast <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Testes <input type="radio"/> Carotid Doppler <input type="radio"/> Musculo-Skeletal <input type="radio"/> Leg Doppler <input type="radio"/> Arterial <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Venous <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Leg DVT <input type="radio"/> FNA <input type="radio"/> Core Biopsy	<input type="radio"/> Brain <input type="radio"/> IAM's/Temporal Bones <input type="radio"/> Sinuses <input type="radio"/> Neck <input type="radio"/> Chest <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Renal Tract <input type="radio"/> Vascular TAA, AAA, Carotid <input type="radio"/> HRCT Chest <input type="radio"/> Cardiac Angiogram <input type="radio"/> Cardiac Ca Score <input type="radio"/> Virtual Colonography <input type="radio"/> MSK <input type="radio"/> Interventional <input type="radio"/> Other	<input type="radio"/> Bilateral Mammogram <input type="radio"/> Unilateral Mammogram <input type="radio"/> Implants <input type="radio"/> Stereotactic Biopsy <input type="radio"/> Hookwire Localisation <input type="radio"/> Ductogram	<b>PET CT</b> <input type="radio"/> 18F-FDG <input type="radio"/> 18F-FDG Cardiac <input type="radio"/> 18F-FDG Brain <input type="radio"/> 18F-PSMA <input type="radio"/> 18F-NAF <input type="radio"/> 18F-FET <input type="radio"/> Other
--	---	--	---

Pregnant:    Yes    No    Unsure

LMP .....

EDD .....

**MRI**

<input type="radio"/> Brain <input type="radio"/> Cerebral MRA <input type="radio"/> Carotid MRA <input type="radio"/> Acoustic Protocol <input type="radio"/> Pituitary Protocol <input type="radio"/> MS Screen <input type="radio"/> Spine C / T / L <input type="radio"/> Extremity ..... <input type="radio"/> Joint ..... <input type="radio"/> Arthrogram	<input type="radio"/> MRV ..... <input type="radio"/> MRA other region ..... <input type="radio"/> Chest <input type="radio"/> Breast <input type="radio"/> Cardiac <input type="radio"/> Abdomen <input type="radio"/> Liver <input type="radio"/> MRCP <input type="radio"/> MRE <input type="radio"/> Pelvis <input type="radio"/> Other Region .....	Pacemaker/ICD? <input type="radio"/> Yes <input type="radio"/> No Pacing leads or wires <input type="radio"/> Yes <input type="radio"/> No Cerebral aneurysm clips/coils <input type="radio"/> Yes <input type="radio"/> No Hx of Intraocular foreign bodies <input type="radio"/> Yes <input type="radio"/> No Neuro electrical stimulators <input type="radio"/> Yes <input type="radio"/> No Any metal in the body <input type="radio"/> Yes <input type="radio"/> No Renal impairment <input type="radio"/> Yes <input type="radio"/> No  eGFR: .....  Height: .....                      Weight: .....
---	--	---

**CLINICAL DETAILS:**

Patient / Doctor

Scans requested

Clinical details

# Practice Procedure List

Practice Procedure List			General x-ray	Ultrasound	CT	Bone Densitometry (DEXA)	MRI	Nuclear Medicine	PET CT	Mammography	MSK Intervention
Town	Address	Phone	Email MRI referrals to: <a href="mailto:BookingMRI.Waikato@i-med.co.nz">BookingMRI.Waikato@i-med.co.nz</a> Email CT referrals to: <a href="mailto:Booking.CT@i-med.co.nz">Booking.CT@i-med.co.nz</a> All other referrals to: <a href="mailto:Booking.Waikato@i-med.co.nz">Booking.Waikato@i-med.co.nz</a>								
<b>Waikato Region</b>											
Hamilton	Anglesea Imaging Centre, 11 Thackeray St (Gate 2)	0800 426 723	✓	✓						✓	✓
	Midland MRI Anglesea, 11 Thackeray St (Gate 2)	0800 687 674					✓				
	PET-CT, 56 Tristram St (Gate 3)	0800 4 273 828			✓				✓		
	Anglesea Clinic Urgent Care, 9 Thackeray St (Gate 1)	0800 426 723	✓								
	Braemar Hospital, 28 Ohaupo Rd	Ultrasound: 0800 426 723 Midland MRI: 0800 687 674		✓			✓				
	Rototuna, Rototuna Shopping Centre, Crn Horsham Downs & Thomas Rd	0800 426 723	✓	✓		✓					
	St Andrews, Unit 6, 26 Bryant Rd, Te Rapa, Hamilton	0800 426 723	✓								
	Waikato Hospital - Lomas Building, Gate 1, Level B3, Lomas Building, Pembroke St, Waikato Hospital	0800 687 674					✓				
	Waikato Hospital - Meade Clinical Centre Gate 1, Level 1, Meade Clinical Centre, Pembroke St, Waikato Hospital	0800 687 674					✓				
Cambridge	127 Shakespeare St	07 838 9577	✓	✓							
Morrinsville	19 Canada St	07 838 9575	✓	✓							
Te Awamutu	385 Vaile St	07 838 9576	✓	✓							
Thames	Thames Hospital, Manaaki Building, entrance off Mary Street	0800 426 723				✓					
<b>Rotorua Region</b>											
Email referrals to: <a href="mailto:Booking.rotorua@i-med.co.nz">Booking.rotorua@i-med.co.nz</a>											
Rotorua	Crn Amohia and Haupapa St,	0800 466 5642	✓	✓	✓		✓				✓
<b>Bay of Plenty Region</b>											
Email referrals to: <a href="mailto:Booking.BOP@i-med.co.nz">Booking.BOP@i-med.co.nz</a>											
Tauranga	Fraser Cove Shopping Centre next to Repco T 24, 219-261 Fraser St	07 544 5993	✓	✓	✓		✓	✓	✓		✓
Papamoa	7 Gravatt Rd (Papamoa Plaza - opposite food court)	07 544 5993	✓	✓		✓					✓
<b>Taranaki Region</b>											
Email referrals to: <a href="mailto:Booking.taranaki@i-med.co.nz">Booking.taranaki@i-med.co.nz</a> Fax: 06 758 4797											
New Plymouth	56 Fulford Street	06 759 4317		✓	✓					✓	✓
	Magnet House, 59 Vivian Street	06 759 4317					✓				
	95 on Vivian Medical Hub, 95 Vivian Street	06 759 4317	✓								
Stratford	Corner Miranda and Romeo Streets	06 759 4317	✓								



Book your appointment online at [booki-med.co.nz](https://booki-med.co.nz)

With I-MED Radiology's online booking service, you have the ease and convenience of booking your appointment online via mobile or desktop.

For most procedures, you can browse for a time and location that is convenient to you. Some of the more complex procedures will still require a phone call from us to confirm.

