

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

- ☐ Pregnancy
- ☐ Abdomen
- ☐ Renal
- ☐ Pelvis
- ☐ Thyroid
- ☐ Breast ☐ Left ☐ Right
- ☐ Testes
- ☐ Carotid Doppler
- ☐ Musculo-Skeletal
- ☐ Leg Doppler
- ☐ Arterial ☐ Left ☐ Right
- ☐ Venous ☐ Left ☐ Right
- ☐ Leg DVT
- ☐ FNA
- ☐ Core Biopsy

- ☐ Brain
- ☐ IAM's/Temporal Bones
- ☐ Sinuses
- ☐ Neck
- ☐ Chest
- ☐ Abdomen/Pelvis
- ☐ Renal Tract
- ☐ Vascular TAA, AAA, Carotid
- ☐ HRCT Chest
- ☐ Cardiac Angiogram
- ☐ Cardiac Ca Score
- ☐ Virtual Colonography
- ☐ MSK
- ☐ Interventional
- ☐ Other

- ☐ Bilateral Mammogram
- ☐ Unilateral Mammogram
- ☐ Implants
- ☐ Stereotactic Biopsy
- ☐ Hookwire Localisation
- ☐ Ductogram

PET CT

- ☐ 18F-FDG
- ☐ 18F-FDG Cardiac
- ☐ 18F-FDG Brain
- ☐ 18F-PSMA
- ☐ 18F-NAF
- ☐ 18F-FET
- ☐ Other

 Pregnant: ☐ Yes ☐ No ☐ Unsure

LMP _____

EDD _____

MRI

- ☐ Brain
- ☐ Cerebral MRA
- ☐ Carotid MRA
- ☐ Acoustic Protocol
- ☐ Pituitary Protocol
- ☐ MS Screen
- ☐ Spine C / T / L
- ☐ Extremity _____
- ☐ Joint _____
- ☐ Arthrogram

- ☐ MRV _____
- ☐ MRA other region _____
- ☐ Chest
- ☐ Breast
- ☐ Cardiac
- ☐ Abdomen
- ☐ Liver
- ☐ MRCP
- ☐ MRE
- ☐ Pelvis
- ☐ Other Region _____

- | | |
|----------------------------------|--|
| Pacemaker/ICD? | ☐ Yes ☐ No |
| Pacing leads or wires | ☐ Yes ☐ No |
| Cerebral aneurysm clips/coils | ☐ Yes ☐ No |
| Hx of Intraocular foreign bodies | ☐ Yes ☐ No |
| Neuro electrical stimulators | ☐ Yes ☐ No |
| Any metal in the body | ☐ Yes ☐ No |
| Renal impairment | ☐ Yes ☐ No |

eGFR: _____

Height: _____ Weight: _____

CLINICAL DETAILS:

Practice Procedure List

			General x-ray	Ultrasound	CT	Bone Densitometry (DEXA)	MRI	Nuclear Medicine	PET CT	Mammography	MSK Intervention
Town	Address	Phone									
Waikato Region			Email MRI referrals to: BookingMRI.Waikato@i-med.co.nz Email CT referrals to: Booking.CT@i-med.co.nz All other referrals to: Booking.Waikato@i-med.co.nz								
Hamilton	Anglesea Imaging Centre, 11 Thackeray St (Gate 2)	0800 426 723	✓	✓						✓	✓
	Midland MRI, 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		✓			✓				
	Glenview, Cnr Ohaupo Rd and Ulrich Ave		✓			✓					
	Rototuna, Rototuna Shopping Centre, Cnr 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	✓	✓							
Otorohanga	13 Kakamutu Rd	0800 426 723	✓	✓							
Te Awamutu	385 Vaile St	07 838 9576	✓	✓							
Rotorua Region			Email referrals to: Booking.Rotorua@i-med.co.nz								
Rotorua	Cnr Amohia and Haupapa St,	0800 466 5642	✓	✓	✓		✓				✓
Bay of Plenty Region			Email referrals to: Booking.BOP@i-med.co.nz								
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	✓	✓							✓



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*Due to complexity of some procedures an online appointment may not be available.



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Uncompromising quality.**

HAMILTON RADIOLOGY MIDLAND MRI MOKOIA RADIOLOGY I-MED BOP TARANAKI RADIOLOGY

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