



Mercy Radiology

We see you clearly

radiology.co.nz

Mr | Mrs | Dr | Miss | Ms | First name: _____ | Surname: _____

Address: _____

_____ | NHI#: _____

Email: _____ | ACC#: _____

Date of birth: ____ / ____ / ____ | Tel (Hm): _____ | Tel (Mob): _____ | Insurer #: _____

Pregnancy indication code: _____ | LMP: _____ | EDD: _____ | Contract: _____

Is the patient eligible for health benefit? Yes No | Is patient diabetic? Yes No

X-ray

- General
- Fluoroscopy

Ultrasound (US)

- Pregnancy
- Upper abdomen
- Pelvis
- Renal
- M/Skeletal
- Other (specify in notes)

Vascular US

- Aorta
- DVT
- Carotid
- Leg arteries
- Leg veins
- Renal arteries
- Other (specify in notes)

Mammography

- Screening
- Diagnostic
- FNA or biopsy
- Other (specify in notes)

Interventional

- Drainage
- Biopsy
- Angiography
- Steroid Injection
- Other (specify in notes)

MRI

- Head
- Spine
- Chest
- Abdomen
- Breast
- Pelvis
- M/Skeletal
- MR Angiogram
- MR Arthrogram
- Enterography
- MRCP
- Other (specify in notes)

CT

- Head
- Sinuses
- Neck
- Chest
- Abdomen
- Pelvis
- Spine
- Angiogram
- Colonography
- M/Skeletal
- Other (specify in notes)

PET-CT

(Radiotracers required)

- 18F-FDG
- 18F-NaF
- 18F-FET
- 68Ga-PSMA
- 68Ga-DOTATATE
- Other (specify in notes)

Nuclear imaging

- Bone scan - SPECT-CT
- Lymphoscintigraphy
- Thyroid scan
- Parathyroid - SPECT-CT
- Renogram - DTPA
- Renogram - DMSA
- Brain perfusion - SPECT-CT
- White cell scan - SPECT-CT
- Colonic transit
- Hepatobiliary
- Gastric emptying
- Other (specify in notes)

Renal function

(for contrast studies)

- Creatinine: _____
- eGfr: _____
- (values must be less than 3 months)

Region of interest:

Clinical details:

Results:

Date: _____

Send report: EDI Fax Mail

Report priority: Urgent Routine

Phone me **Mobile Ph:** _____

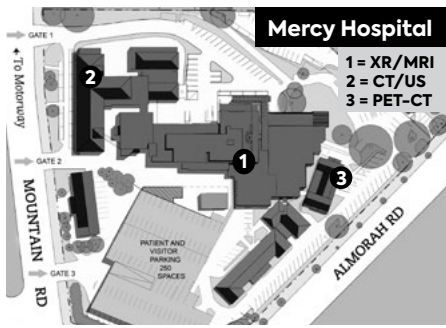
Send email notification when patient is booked **Email address:** _____

Referring practitioner:

Copy of report to:

Dear Referrer, All our imaging is digital and available to view direct from your premises. If you are not set up for access or require hard copies please contact us: **Ph: 09 630 3324, Email: pacs@radiology.co.nz.**





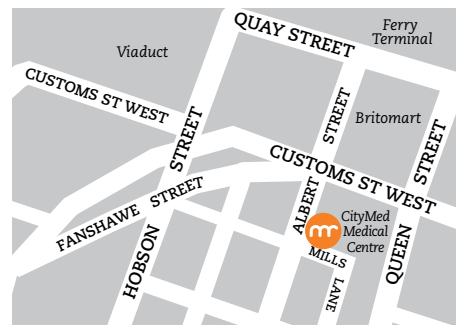
Mercy Hospital

1 = XR/MRI
2 = CT/US
3 = PET-CT

Epsom

- XR** **US** **MRI**
- CT** **PET-CT**
- IGP** **BIO**

Mercy Hospital
98 Mountain Rd



Auckland City

- XR** **US**

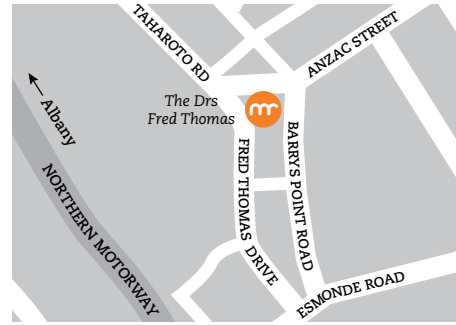
CityMed
Medical Centre
8 Albert St



St Lukes

- XR** **US**

52 St Lukes Road
St Lukes



Takapuna

- XR** **US**
- CT** **NM** **IGP**

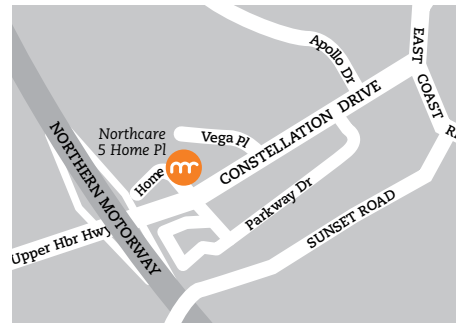
The Drs Fred Thomas
2 Fred Thomas Drive
Takapuna



Botany

- XR** **US** **MM**
- CT** **BD** **IGP**

East Care
Medical Centre
260 Botany Road



Rosedale

- XR** **US**
- MM** **IGP**

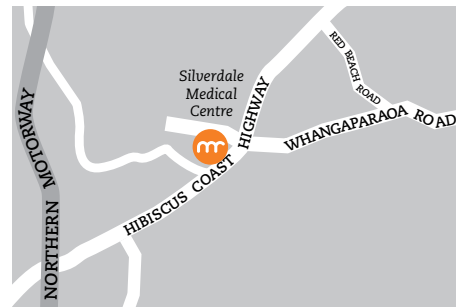
5 Home Place, off
Constellation Drive
Rosedale



Pakuranga

- XR** **US**

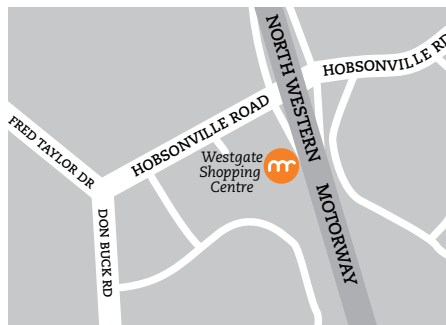
11-13 Cortina Place
Pakuranga



Silverdale

- XR** **US** **IGP**
- MM** **MRI**

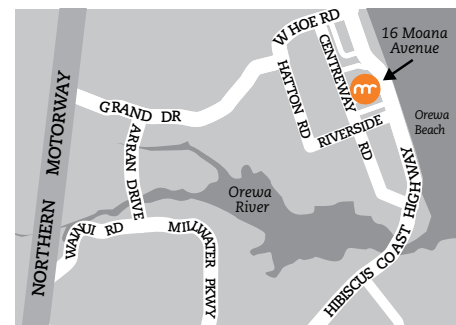
Silverdale
Medical Centre
7 Polarity Rise



Westgate

- XR** **US**
- MM** **IGP**

Westgate
Shopping Centre



Orewa

- XR** **US** **BD**

16 Moana Avenue
Orewa

SERVICES KEY:

- XR** X-ray **US** Ultrasound **MRI** MRI **MM** Mammography **CT** CT scanning
- BD** Bone densitometry **NM** Nuclear medicine **BIO** Biopsies **IGP** Image-guided procedures

www.radiology.co.nz



Mercy
Radiology

Dear Referrer,

You are nearing the end of this referral pad.

To arrange replacement please contact us on:

Phone: 630 3324

Fax: 623 5859

Email: info@radiology.co.nz

Kind regards,

Mercy Radiology