Pacific Radiology

NELSON
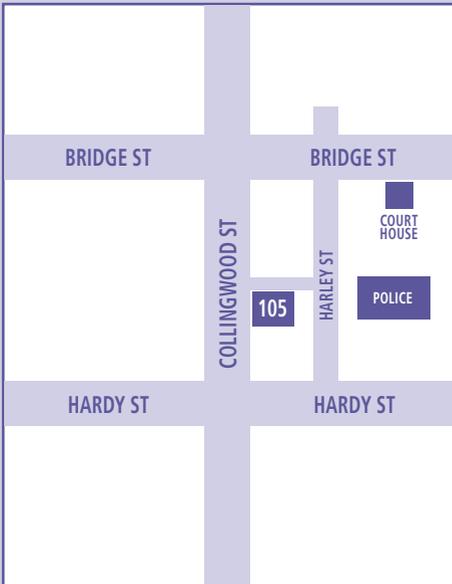
Level 1, 105 Collingwood St, Nelson 7010
PO Box 596, Nelson 7040

Bus: 03 548 2745
Fax: 03 546 7284

Hours of Business:
8am-5.30pm Monday to Friday

BRIDGE ST — BRIDGE ST
COLLINGWOOD ST
HARLEY ST
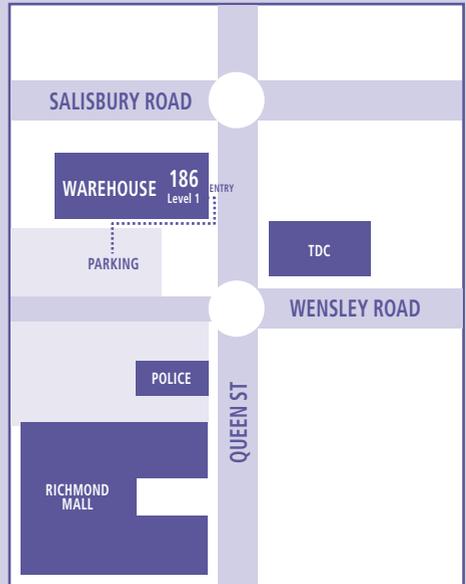COURT HOUSE
105
POLICE
HARDY ST — HARDY ST

RICHMOND BRANCH

Level 1, 186 Queen St, Richmond, 7020
PO Box 596, Nelson 7040

Bus: 03 544 1306
Fax: 03 544 1309

Hours of Business:
8.30am-5pm Monday to Friday

SALISBURY ROAD
WAREHOUSE 186 Level 1 ENTRY
PARKING
TDC
WENSLEY ROAD
POLICE
QUEEN ST
RICHMOND MALL

email: nelson.admin@prg.co.nz

www.pacificradiology.com

YOUR REPORT

After your examination has been completed, the images will be examined by a radiologist and a written report will be sent to your doctor. You should contact your doctor if you wish to discuss the results.

Pacific Radiology

Radiology Referral Information

Patient's Surname _____ D.O.B. _____

First names _____ Phone _____

Address _____ NHI _____

_____ Date _____

Referrer _____ Copy to _____

Signature _____ **Report**: Routine ☐ Urgent fax ☐ Urgent phone ☐

NZMC No: _____ NCNZ No: _____

ACCIDENT? YES ☐   NO ☐   ACC Nº. [_____]

Covered by: ACC ☐ or Accredited Employer [_____]
Name of employing company

PREGNANCY SCANS   LMP [_____]   EDD [_____]

Clinical Indication Code for this scan (See list on inside of cover) [_____]
Must be completed in all cases

Are you: the LMC ☐   the O&G Specialist ☐   Other ☐ if Other, select **one** of the following

☐ The gestational age is under 15 weeks   ☐ Scan qualifies as an emergency scan - after 15 weeks

☐ I am the back-up for the LMC. Name of LMC [_____]

☐ The scan is outside Section 88 and patient pays full charge

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Clinical

Examination Requested? _____

What is the Clinical Question? _____

_____

_____

FOR IVU'S AND CT SCANS (Please circle your answer)

Is there a history of diabetes? Yes / No

Is there a history of renal impairment? Yes / No

Is there a history of previous contrast reactions? Yes / No

What is the serum creatinine? [_____]

Practice Stamp