

**RADIOLOGY REFERRAL**

See back of form for practice locations, hours and preparations

Surname: ..... First Name: .....

M / F D.O.B: ..... Previous X-Ray/Scan: Y / N

Phone: Home ..... Mobile .....

Address: .....

NHI No:        ACC: Y / N No: .....

**EXAMINATION:** (PLEASE TICK)

<input type="checkbox"/> General X-Ray	<input type="checkbox"/> MRI
<input type="checkbox"/> Mammogram ± Breast Ultrasound	<input type="checkbox"/> CT Scan
<input type="checkbox"/> Bone Densitometry (DEXA)	<input type="checkbox"/> CT Colonography
<input type="checkbox"/> Body Composition Assessment	<input type="checkbox"/> CT Urogram
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> CT Angiography
<input type="checkbox"/> Doppler Ultrasound	<input type="checkbox"/> CT Guided Injection
<input type="checkbox"/> Needle Biopsy	
<input type="checkbox"/> Musculoskeletal Ultrasound ± X-Ray	<input type="checkbox"/> Ultrasound Guided Injection

Region/other examination: .....

.....

Clinical Details: ..... Maternity Referral Code:

..... LMP: .....

..... EDD: .....

.....

.....

If fractured, please contact: .....

Referrer's Name: ..... Reg. No: .....

Signature: ..... Date: .....

Additional Report to: .....

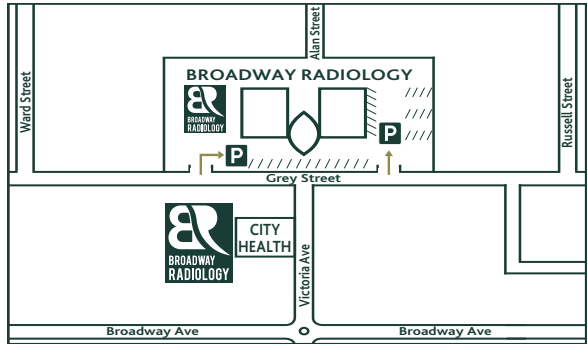
Appointment Date: .....	<b>OFFICE USE ONLY</b> Payment details
Appointment Time: .....	
	Staff Initials: <input type="text"/>

## PRACTICE LOCATIONS AND HOURS

### PALMERSTON NORTH

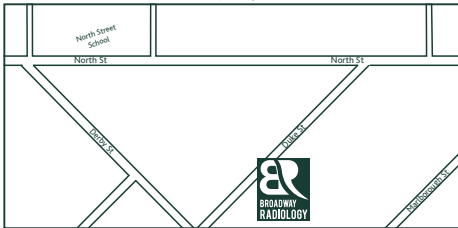
**Aorangi Specialist Centre** 175 Grey Street  
Monday to Friday 8am - 5pm  
X-Ray                      Ultrasound  
Mammography        Bone Densitometry  
CT                        MRI  
Guided Injection    Needle Biopsy

**City Health** 22 Victoria Avenue  
Monday to Friday 8am - 7pm  
Saturday, Sunday & Public Holidays 11am - 7pm  
X-Ray



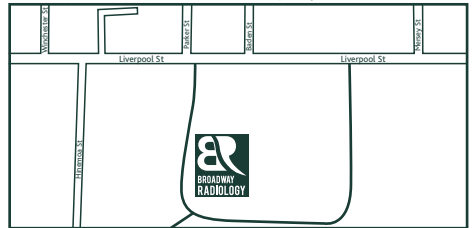
### FEILDING

**Feilding Health Care** 7 Duke Street  
Monday to Friday 8am - 5pm | X-Ray and Ultrasound



### LEVIN

**Horowhenua Health Centre** 62 Liverpool Street  
Monday to Friday 8.30am - 4.30pm | X-Ray and Ultrasound



## PREPARATIONS REQUIRED

### CT SCAN

#### Brain / Chest

Nothing to eat or drink 2 hours before examination.

#### Abdomen / Pelvis

Nothing to eat or drink 4 hours before examination.

#### Urogram

Nothing to eat or drink 4 hours before examination.

#### Spine / Extremities / Sinuses

No preparation.

#### CT Colonography

Preparation required - details given when appointment is made.

### MAMMOGRAMS

No deodorants or talcum powder.

### BONE DENSITOMETRY

No calcium tablets for 24 hours prior to appointment.  
Bring list of medications.

### MRI

Preparation will be advised.

### ULTRASOUND

#### Pelvis / Early Pregnancy

1 hour before examination drink 1 litre of water. *You must have a full bladder. Do not empty bladder until after examination.*

#### Pregnancy (after 15 wks)

No preparation required but please try not to empty your bladder just before your appointment.

#### Abdominal / Gall Bladder / Liver / Pancreas / Spleen

Nothing to eat or drink for 6 hours. Then 1 hour before examination, drink 1 litre of water. Do not empty bladder after this.

#### Renal / Kidneys

1 hour before examination, drink 1 litre of water.  
Do not empty bladder after this.

### DOPPLER ULTRASOUND

#### Carotids / Venous - Arterial Extremities

No preparation.

#### Abdominal

Nothing to eat or drink 6 hours before examination.