

Mr Mrs Dr
 Ms Miss

Surname _____ First name _____ Date of Birth _____ NHI Number _____
 Address _____ Daytime Phone Number _____ Mobile Phone Number _____
 Email _____ ACC Number _____ Insurer _____

General X-ray

Pregnancy Ultrasound

Dating
 NT
 Anatomy
 Growth
 Multiple
 Other _____

Interventional

Steroid Injection
 US Steroid Injection
 CT Steroid Injection
 Biopsy / Fine Needle Aspiration
 Other _____

Cardiac

Coronary Calcium CT Score
 CT Coronary Angiography
 Cardiac MRI
 TAVI planning
 Pulmonary venous mapping
 Other _____

Ultrasound

U/Abdo
 Pelvis
 Renal
 M/Skeletal
 DVT
 Carotid
 Leg Veins
 Renal Arteries
 Vascular
 Pelvic Floor
 Other _____

MRI

Head
 Spine
 Chest
 Abdomen
 Cervical Spine
 Thoracic Spine
 Lumbar Spine
 Pelvis
 M/Skeletal
 Arthrogram
 Enterography
 Other _____

CT

Sinuses
 Head
 Spine
 Neck
 Chest
 Abdomen
 Pelvis
 M/Skeletal
 Renal Colic
 Colonography
 Other _____

Breast

Screening Mammogram
 Diagnostic Mammogram
 Ultrasound
 Breast MRI
 Biopsy / Fine Needle Aspiration
 Hookwire
 Other _____

Other

Exam Requested

Left
 Right
 Bilateral

Clinical Indications and Questions

Referring Practitioner

 Practitioner Name

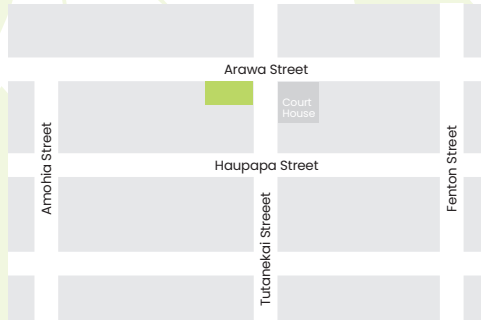
 Signature

 Lead maternity carer
 NZMC/Reg No. _____ EDD _____ LMP _____
 Copy report to _____ Fax report to _____ Mobile Number _____ Date _____

Diabetic Yes No
 Kidney Disease Yes No
 Is the Patient Pregnant? Yes No Unsure N/A
 Need Translator Services Yes No

Our locations

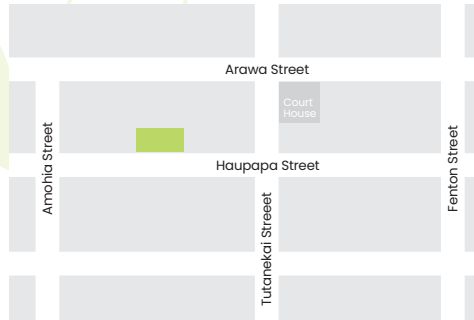
Please visit our website for directions www.canopyimaging.co.nz



XR US MM

Rotorua

Lakes Care Medical Clinic
1165 Tutanekai Street, Rotorua 3010
P 07 348 8139
E rotorua@canopyimaging.co.nz



US MR CT

Rotorua MRI/CT

1203 Haupapa Street, Rotorua, 3010
P 07 349 5780
E rotoruaMRI@canopyimaging.co.nz



XR US MM

Taupo

115 Te Heuheu Street, Taupo, 3330
P 07 377 3372
E taupo@canopyimaging.co.nz

Services Key

XR X-ray

US Ultrasound

CT CT Scanning

MR MRI

MM Mammography

Patient information

Before you arrive at the clinic

- Remember to have your referral form with you, or send a copy to us before your appointment. If you don't have your referral form, we may not be able to perform your examination on the day.
- Please arrive 10 minutes before your appointment so we have plenty of time to get you ready for your examination.
- If you are having an X-ray, CT or MRI, it is not possible to bring family members or friends into the examination room with you. Therefore if you have young children, you must bring someone to supervise them during this time.

Payment information

- All monies owed for the examination you receive must be settled on the day, prior to you leaving our clinic.
- We accept Q-card as a form of payment.

What to do before your examination

- Before you undergo any medical examination, please let our clinical staff know if you are pregnant.
- The use of phones and cameras is not permitted in our clinical rooms.
- If you are having an ultrasound examination, so that we may give our full attention to your medical needs, only two family members or friends can be present with you. If you bring more, they will need to wait in our reception area.

- Once your examination is complete, our radiologist will report their findings directly to the medical professional who referred you. If you would like a copy of your report sent to another medical professional, please let us know and we will happily accommodate your request.

Going home

- If you are having a steroid or arthrogram injection or sedation, you may need to bring someone to drive you home or arrange alternative transport as it may not be safe for you to drive for at least 20 minutes after your procedure.

See our [Privacy Policy](#)



If in any doubt, please visit our website at www.canopyimaging.co.nz or give us a call on 09 487 2555