

PATIENT INFORMATION

Name

Date of birth

NHI No.

Phone

Email

Address

ACC No. / Insurance / Employer

 MRI Ultrasound Xray CT Bone Density

Examination required

Reason for investigation

CODE

LMP / EDD

GFR

REFERRER INFORMATION

Name

Address

Phone / Fax

Signature

Copy report to

Date

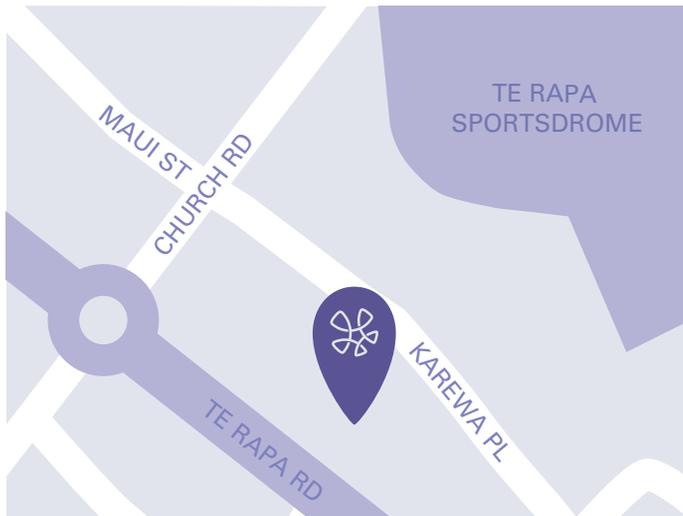
GETTING IN TOUCH:

Phone: 0800 633 462 (opt 3) | Email: waikato@pacificradiology.com
Please refer to the maps overleaf for our locations



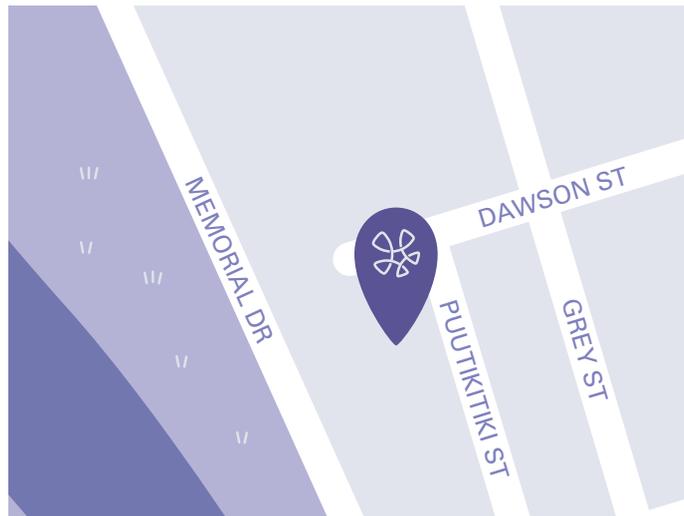
North Hamilton 41-45 Karewa Place

MRI | CT | ULTRASOUND | X-RAY



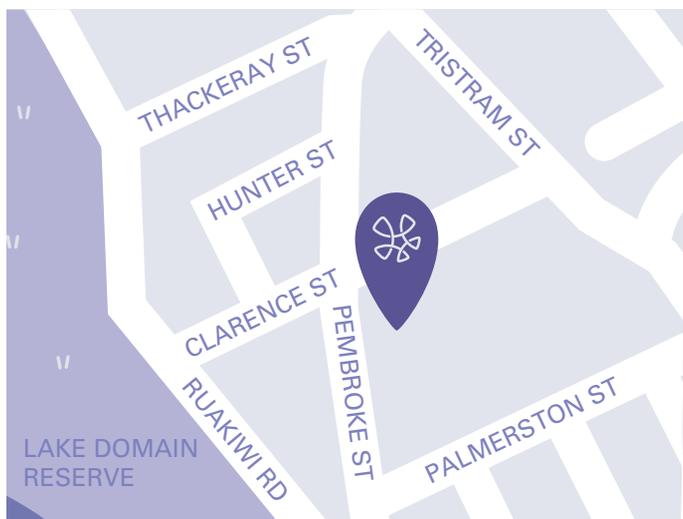
Puutikitiki 21 Puutikitiki Street

MRI | CT | ULTRASOUND | X-RAY | BONE DENSITY



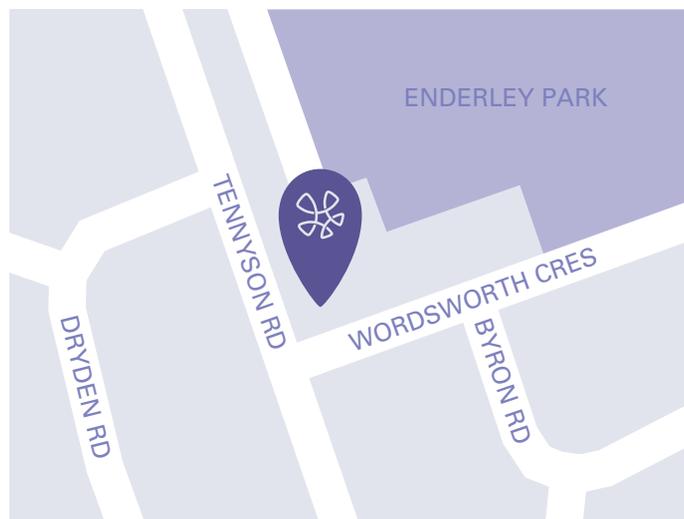
Pembroke 35 Pembroke Street

MRI | ULTRASOUND



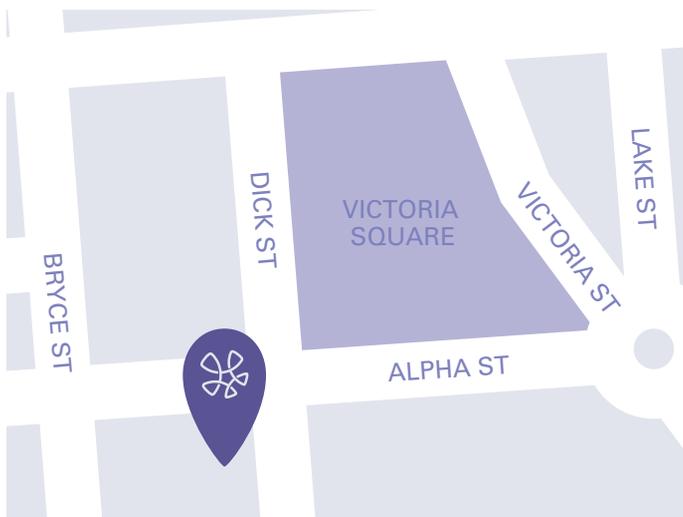
Te Kōhao Medical Imaging 47 Tennyson Road

CT | ULTRASOUND | X-RAY | BREAST SCREENING



Cambridge 14 Dick Street

ULTRASOUND | X-RAY



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