

PLEASE BRING THIS REFERRAL FORM WITH YOU

Name: _____
Address: _____
Phone: _____

DOB: ____/____/____
NHI: _____

ACC#: _____
DOI: _____

X-RAY

ULTRASOUND

X-RAYS - Papamoa Branch Only

Body site:

Pregnant

Yes No Unsure

MUSCULOSKELETAL

- Shoulder
- Upper Limb
- Lower Limb
- Groin
- Other

(Specify) _____

Left Right

OBSTETRIC / PREGNANCY

- Dating
- Nuchal Translucency
- Anatomy
- Growth
- Other

(Specify) _____

LMP: ____/____/____

EDD: ____/____/____

GENERAL

- Upper Abdomen
- Pelvis / Lower Abdomen
- Renal
- Thyroid
- Testes
- Breast
- Other

(Specify) _____

VASCULAR

- DVT
- Carotid
- Aorta (AAA)
- Vein Mapping
- Arterial
- Other

(Specify) _____

Left Right

CLINICAL DETAILS:

REPORT DISTRIBUTION

Copy of report to:

REFERRING PRACTITIONER / PRACTICE (Stamp / Print)

Signature _____

DATE: ____/____/____

MED REG #: _____

Office Use Only

APPOINTMENT INFORMATION

PLEASE BRING THIS REFERRAL FORM WITH YOU

DAY/DATE

TIME

PREPARATION FOR YOUR SCAN:

PREGNANCY (UP TO 14 WEEKS), PELVIS, RENAL SCANS

Please have a full bladder prior to scan. Drink three to four large glasses of water 60 minutes before your appointment and do not empty your bladder until after the scan.

ABDOMINAL ULTRASOUND

You must not eat or drink 4 hours leading up to your appointment.
Water and clear fluids without milk is allowed. Continue to take your regular medication.

If unsure, please call or see our website.



100 Eleventh Avenue, Tauranga



Papamoa Plaza (opposite Foodcourt), 7 Gravatt Road

TAURANGA BRANCH
100 Eleventh Avenue, Tauranga
Ultrasound Only

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PAPAMO A BRANCH
Papamoa Plaza (opposite foodcourt), 7 Gravatt Road
X-Ray and Ultrasound

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