Title: | First name: | Surname:

Address:

NHI #:

Email: | ACC #:

Date of birth: / / | Tel (Hm): | Tel (Mob): | Insurer #:

Pregnancy indication code: | LMP: | EDD: | Contract:

Is the patient eligible for health benefit? ◯ Yes ◯ No Is patient diabetic? ◯ Yes ◯ No

X-ray
- ◯ General
- ◯ Fluoroscopy

Ultrasound (US)
- ◯ Pregnancy
- ◯ Upper abdomen
- ◯ Pelvis
- ◯ Renal
- ◯ M/Skeletal
- ◯ Other *(specify in notes)*

Vascular US
- ◯ Aorta
- ◯ DVT
- ◯ Carotid
- ◯ Leg arteries
- ◯ Leg veins
- ◯ Renal arteries
- ◯ Other *(specify in notes)*

Mammography
- ◯ Screening
- ◯ Diagnostic
- ◯ FNA or biopsy
- ◯ Other *(specify in notes)*

Interventional
- ◯ Drainage
- ◯ Biopsy
- ◯ Steroid injection
- ◯ Other *(specify in notes)*

MRI
- ◯ M/Skeletal
- ◯ MR arthrogram
- ◯ Brain
- ◯ Head & Neck
- ◯ Breast
- ◯ Liver/MRCP
- ◯ Abdomen
- ◯ Enterography
- ◯ Spine
- ◯ Prostate
- ◯ MR angiogram
- ◯ Other *(specify in notes)*

CT
- ◯ Head
- ◯ Sinuses
- ◯ Neck
- ◯ Chest
- ◯ Abdomen
- ◯ Pelvis
- ◯ Spine
- ◯ Angiogram
- ◯ Colonography
- ◯ M/Skeletal
- ◯ Other *(specify in notes)*

PET-CT
(Radiotracers required)
- ◯ 18F-FDG
- ◯ 18F-NaF
- ◯ 18F-FET
- ◯ 68Ga-PSMA
- ◯ 68Ga-DOTATATE
- ◯ Radioligand therapy (RLT)
- ◯ Other *(specify in notes)*

Nuclear imaging
- ◯ Bone scan - SPECT-CT
- ◯ Sentinel node scan
- ◯ Thyroid scan
- ◯ Parathyroid
- ◯ Renogram - DTPA
- ◯ Renogram - DMSA
- ◯ Colonic transit
- ◯ Hepatobiliary
- ◯ Gastric emptying
- ◯ Other *(specify in notes)*

Renal function
(for contrast studies)

Creatinine:

eGfr:

(values must be less than 3 months)

Region of interest:

Clinical details:

Results: Date:

Send report: ◯ EDI ◯ Email Report priority: ◯ Urgent ◯ Routine

◯ Phone me **Mobile:**

◯ Send email notification when patient is booked

Email address:

Referring practitioner:

Copy of report to:

All our imaging is digital and available to view direct from your premises.
If you are not set up for access or require hard copies please contact us:
09 630 3324 | pacs@alleviaradiology.co.nz

Online bookings and requests now available at:
alleviaradiology.co.nz

Contact us:
09 630 3324
bookings@alleviaradiology.co.nz

PET-CT bookings & enquiries:
09 623 5862
petct@alleviaradiology.co.nz