



**ASCOT HOSPITAL  
 ASCOT CENTRAL  
 AUT MILLENNIUM  
 BIRTHCARE, PARNELL  
 GREEN LANE IMAGING  
 MAURANUI CLINIC**

**PERSONAL DETAILS:**

NAME: \_\_\_\_\_ DOB:     /     /

ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

NHI #: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

ACC #: \_\_\_\_\_ PRIOR APPROVAL #: \_\_\_\_\_

**IMAGING REQUIRED (Please specify):**

<input type="checkbox"/> X-RAY: _____	<input type="checkbox"/> OBSTETRIC ULTRASOUND: LMP: _____ Gravida: _____
<input type="checkbox"/> MRI: _____	<input type="checkbox"/> ULTRASOUND: _____
<input type="checkbox"/> CT: _____	<input type="checkbox"/> MAMMOGRAPHY: _____
<input type="checkbox"/> PET CT: _____	<input type="checkbox"/> DEXA BONE DENSITOMETRY: _____
<input type="checkbox"/> FLUOROSCOPY: _____	<input type="checkbox"/> OTHER (Please specify): _____

**CLINICAL DETAILS:**

REFERRING DOCTOR: (Stamp) \_\_\_\_\_ DATE:     /     /

SIGNATURE: \_\_\_\_\_ NZMC/NZCON #: \_\_\_\_\_

**DISTRIBUTION (Please tick):**

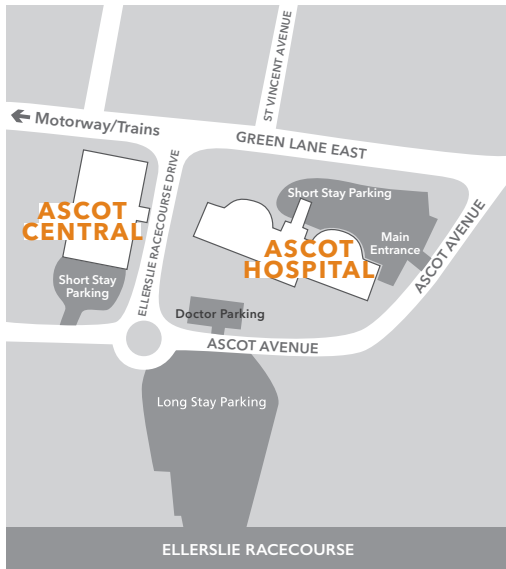
**IMAGES:**  INTELEVIEWER\*  
 CD

\*To register for IntelViewer, please go to: [www.ascotrad.co.nz](http://www.ascotrad.co.nz)

**REPORT:**

SEND TO REFERER  
 SEND TO PATIENT  
 GIVE TO PATIENT  
 HEALTHLINK  
 EMAIL: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 TEL: \_\_\_\_\_  
 COPY TO: \_\_\_\_\_

**OFFICE USE:** MRT: \_\_\_\_\_ CODE: \_\_\_\_\_



**ASCOT HOSPITAL:** MRI • CT • ULTRASOUND • X-RAYS  
 INTERVENTIONAL RADIOLOGY • BARIUM STUDIES  
 90 Green Lane Road East, Remuera TEL: (09) 520 9550  
 FAX: (09) 520 9551 EMAIL: info@ascotrad.co.nz

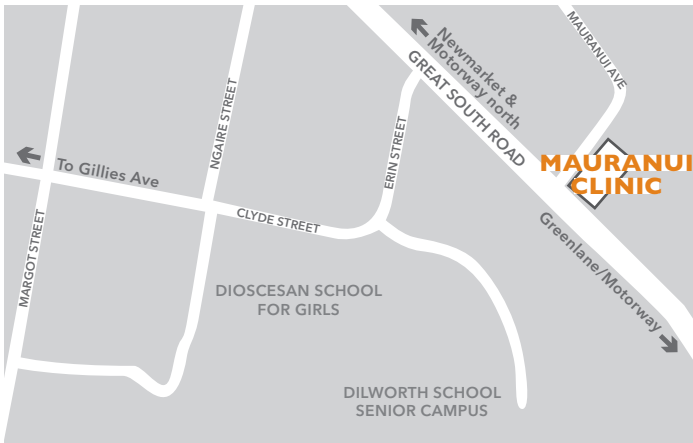
**ASCOT CENTRAL:** MRI • PET CT • MAMMOGRAPHY • ULTRASOUND  
 DEXA BONE DENSITOMETRY + GREEN LANE IMAGING  
 7 Ellerslie Racecourse Drive, Remuera TEL: (09) 520 9550  
 FAX: (09) 520 9551 EMAIL: info@ascotrad.co.nz



**AUT MILLENNIUM:** MRI • CT • ULTRASOUND  
 INTERVENTIONAL RADIOLOGY • X-RAYS  
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 FAX: (09) 478 6641 EMAIL: millennium@ascotrad.co.nz



**PARNELL:** OBSTETRIC & GYNAE ULTRASOUND ONLY  
 Birthcare, 20 Titoki Street, Parnell TEL: (09) 373 5988  
 FAX: (09) 373 5989 EMAIL: parnell@ascotrad.co.nz



**MAURANUI CLINIC:** CT SCANNING ONLY  
 Ground Floor, 84 Great South Road, Epsom TEL: (09) 555 9557  
 EMAIL: ct@ascotrad.co.nz



PO Box 28 268, Remuera, Auckland 1541 [www.ascotrad.co.nz](http://www.ascotrad.co.nz)

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