



TO MAKE AN APPOINTMENT VISIT US ONLINE AT

www.trgimaging.co.nz/request_booking

LOCATIONS

www.trgimaging.co.nz/locations

| PHONE | Kerikeri | 09 407 6222 | Taupo | 07 377 3372 |
|-------|-----------|-------------|----------|-------------|
| | Whangarei | 09 437 0540 | Hastings | 06 873 1166 |
| | Auckland | 09 487 2555 | Napier | 06 845 3306 |
| | Rotorua | 07 348 8139 | Gisborne | 06 867 0736 |

Mr Mrs Surname _____ First Name(s) _____ Date of Birth _____ ACC No. _____
 Dr Miss Ms _____
 Address _____ Home _____ NHI No. _____
 Email _____ Mob _____ Bus _____ Insurer _____

| | | | | | |
|---|--|--|--|---|--|
| General X-Ray <input type="checkbox"/> Specify below Mammography <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Biopsy <input type="checkbox"/> Hookwire <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Other | Interventional <input type="checkbox"/> Biopsy | Pregnancy Ultrasound <input type="checkbox"/> Dating <input type="checkbox"/> NT <input type="checkbox"/> Anatomy <input type="checkbox"/> Growth <input type="checkbox"/> Twins <input type="checkbox"/> Post Partum | Ultrasound <input type="checkbox"/> Vascular <input type="checkbox"/> U/Abdo <input type="checkbox"/> Pelvis <input type="checkbox"/> Renal <input type="checkbox"/> M/Skeletal <input type="checkbox"/> Breast <input type="checkbox"/> Steroid Injection <input type="checkbox"/> DVT <input type="checkbox"/> Carotid <input type="checkbox"/> Leg Veins <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Pelvic Floor <input type="checkbox"/> Other | CT <input type="checkbox"/> Sinuses <input type="checkbox"/> Head <input type="checkbox"/> Spine <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> M/Skeletal <input type="checkbox"/> Renal Colic <input type="checkbox"/> Colonography Steroid <input type="checkbox"/> Injection Cardiac <input type="checkbox"/> Angiography Calcium <input type="checkbox"/> Score Test Other <input type="checkbox"/> | MRI <input type="checkbox"/> Head <input type="checkbox"/> Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> M/Skeletal <input type="checkbox"/> Arthrogram <input type="checkbox"/> Breast <input type="checkbox"/> Enterography <input type="checkbox"/> Cardiac <input type="checkbox"/> Other |
|---|--|--|--|---|--|

Clinical Details

| | |
|---|--|
| EDD _____ LMP _____ Lead Maternity Carer _____ Date ____/____/____ | Referring Practitioner Signature _____ |
|---|--|

Copy report to _____

PLEASE BRING ANY RELEVANT X-RAY, SCAN OR MAMMOGRAM FILMS WITH THIS FORM TO YOUR APPOINTMENT If you require further information regarding our services, please visit www.trgimaging.co.nz

GO TO OUR WEBSITE FOR LOCATIONS AND DIRECTIONS:
www.trgimaging.co.nz

PATIENT INFORMATION

BEFORE YOU ARRIVE AT THE CLINIC

- Remember to have your referral form with you, or if you can, send a copy of it 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 time so we have plenty of time to get you ready for your examination.
- If you are bringing children with you, please bring someone who can supervise them during your examination.

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.
- If you request a CD, there is a cost of \$15 and the CD will be issued at the time of settling your account in full.

WHAT TO DO BEFORE YOUR EXAMINATION

- The use of phones and cameras is not permitted in our clinical rooms.
- Before you undergo any medical examination, please let our clinical staff know if you are pregnant.
- If you are having an x-ray, CT, or MRI examination, 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.
- If you are having an ultrasound examination, in order that we may give our full attention to your medical needs, only two other 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 completed, our Radiologist will report their findings directly to the medical professional who referred you to us. If you would like a copy of our report sent to any other medical professional, please let us know and we will happily accommodate your request.

GOING HOME

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

IF IN ANY DOUBT, PLEASE VISIT OUR WEBSITE AT www.trgimaging.co.nz or
GIVE US A CALL ON 09 487 2555