



☐ MR ☐ MRS ☐ DR	☐ MISS ☐ MS ☐	SURNAME	FIRST NAME	DATE OF BIRTH		
ADDRESS			TELEPHONE	ACC #		
			EMAIL ADDRESS	NHI #		
☐ GENERAL X-RAY						
OBSTETRIC U/S ☐ DATING ☐ NUCHAL ☐ ANATOMY ☐ GROWTH ☐ OTHER (SPECIFY)		ULTRASOUND ☐ NECK ☐ U/ABDO ☐ PELVIS ☐ RENAL ☐ OTHER (SPECIFY) VASCULAR U/S ☐ DVT ☐ CAROTID ☐ OTHER (SPECIFY) M/SKELETAL U/S ☐ SHOULDER ☐ OTHER (SPECIFY)	PET-CT ☐ FDG ☐ PSMA ☐ FET (brain) ☐ NaF ☐ OTHER (SPECIFY) SCINTIGRAPHY / SPECT CT ☐ PLEASE SPECIFY	CT ☐ NECK ☐ CHEST ☐ UPPER ABDO ☐ PELVIS ☐ HEAD ☐ SINUSES ☐ RENAL COLIC ☐ CALCIUM SCORE ☐ COLONOGRAPHY ☐ M/SKELETAL (SPECIFY) ☐ CT OTHER (SPECIFY)	MRI ☐ HEAD ☐ M/SKELETAL (SPECIFY) ☐ SPINE ☐ ARTHROGRAM ☐ ABDO LIVER ☐ ABDO PANC ☐ ABDO MRCP ☐ OTHER (SPECIFY)	FLUOROSCOPY ☐ J/ASP ☐ BARIUM ☐ HSG ☐ OTHER (SPECIFY) INTERVENTIONAL ☐ BIOPSY ☐ INJECTION ☐ OTHER (SPECIFY)
LMP _____						
EDD _____						
IND CODE _____						
CLINICAL DETAILS				REFERRING PRACTITIONER		
				SIGNATURE		
				DATE		
COPY OF REPORT TO ☐ TESTSAFE		PHONE REPORT TO #		ARG STORES ALL IMAGES ELECTRONICALLY. IMAGES ARE AVAILABLE TO REFERRERS ONLINE. ARG.CO.NZ/REFER		

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avondale@arg.co.nz

HAURAKI CNR

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hauraki@arg.co.nz

HENDERSON

53 Lincoln Road
MRI, CT, X-ray, Ultrasound
henderson@arg.co.nz

HOWICK

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X-ray, Ultrasound
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NORTHERN CLINIC

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PAPAKURA

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X-ray, Ultrasound
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PARNELL

Birthcare Building
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X-ray, Ultrasound
parnell@arg.co.nz

PONSONBY

Level 1, One Jervois Building
1 Jervois Road
(entrance St Marys Road)
X-ray, Ultrasound
ponsonby@arg.co.nz

PUKEKOHE

10 West Street
X-ray, Ultrasound
pukekohe@arg.co.nz

QUEEN STREET

Level 4, Infosys House
79 Queen Street
Downtown Auckland
X-ray, Ultrasound
queenst@arg.co.nz

ROYAL OAK

641 Manukau Road
X-ray, Ultrasound
royaloak@arg.co.nz

ST JOHNS

261 Morrin Road
X-ray, MRI, Ultrasound
stjohns@arg.co.nz

TAKANINI

154 Great South Road
MRI, Ultrasound
takanini@arg.co.nz

TE TAI TOKERAU

(Entrance at Lower Tarewa Rd)
27 Porowini Avenue
Morningside, Whangarei 0110
PET-CT, MRI, CT,
Ultrasound, X-ray
ttt@arg.co.nz



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