



# AUCKLAND RADIOLOGY GROUP

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Dr Amy Stringer  
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Dr Rebecca Woodward

<input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR		SURNAME		FIRST NAME		DATE OF BIRTH	
ADDRESS				TELEPHONE:		ACC #	
						NHI #	
<input type="checkbox"/> GENERAL X-RAY							
<b>OBSTETRIC U/S</b> <input type="checkbox"/> DATING <input type="checkbox"/> NUCHAL <input type="checkbox"/> ANATOMY <input type="checkbox"/> GROWTH <input type="checkbox"/> OTHER (SPECIFY)		<b>ULTRASOUND</b> <input type="checkbox"/> NECK <input type="checkbox"/> U/ABDO <input type="checkbox"/> ABDO/PELVIS <input type="checkbox"/> PELVIS <input type="checkbox"/> RENAL <input type="checkbox"/> OTHER (SPECIFY)		<b>VASCULAR U/S</b> <input type="checkbox"/> DVT <input type="checkbox"/> CAROTID <input type="checkbox"/> OTHER (SPECIFY)		<b>M/SKELETAL U/S</b> <input type="checkbox"/> SHOULDER <input type="checkbox"/> OTHER (SPECIFY)	
<b>LMP</b> _____ <b>EDD</b> _____ <b>IND CODE</b> _____		<input type="checkbox"/> BONE DENSITOMETRY (DEXA)		<b>CT</b> <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> UPPER ABDO <input type="checkbox"/> PELVIS <input type="checkbox"/> HEAD <input type="checkbox"/> SINUSES <input type="checkbox"/> RENAL COLIC <input type="checkbox"/> CALCIUM SCORE <input type="checkbox"/> COLONOGRAPHY <input type="checkbox"/> M/SKELETAL (SPECIFY)		<b>MRI</b> <input type="checkbox"/> HEAD <input type="checkbox"/> M/SKELETAL <input type="checkbox"/> SPINE <input type="checkbox"/> ARTHROGRAM <input type="checkbox"/> OTHER (SPECIFY)	
				<b>SCINTIGRAPHY</b> <input type="checkbox"/> BONE <input type="checkbox"/> OTHER (SPECIFY)		<b>FLUOROSCOPY</b> <input type="checkbox"/> J/ASP <input type="checkbox"/> BARIUM <input type="checkbox"/> HSG <input type="checkbox"/> OTHER (SPECIFY)	
						<b>INTERVENTIONAL</b> <input type="checkbox"/> BIOPSY <input type="checkbox"/> OTHER (SPECIFY)	
CLINICAL DETAILS						REFERRING PRACTITIONER	
<b>COPY OF REPORT TO</b> <input type="checkbox"/> TESTSAFE			<b>PHONE REPORT TO</b> # _____			SIGNATURE	
			<b>FAX REPORT TO</b> # _____			DATE	
						ARG STORES ALL IMAGES ELECTRONICALLY. IMAGES ARE AVAILABLE TO REFERRERS ONLINE. ARG.CO.NZ/REFER	

