

☐ MR	☐ MISS	SURNAME		FIRST NAME		DATE OF BIRTH
☐ MRS	☐ MS					
☐ DR						
ADDRESS				TELEPHONE:		ACC#
						NHI#
GENERAL V. DAV						
GENERAL X-RAY						
OBSTETRIC U/S		ULTRASOUND	VASCULAR U/S	ст	MRI	FLUOROSCOPY
☐ DATING		□NECK	□ DVT	□ NECK	☐ HEAD	☐ J/ASP
□ NUCHAL		☐ U/ABDO	☐ CAROTID	☐ CHEST	☐ M/SKELETAL	BARIUM
☐ ANATOMY ☐ AB		☐ ABDO/PELVIS	OTHER (SPECIFY)	☐ UPPER ABDO	SPINE	□HSG
☐ GROWTH ☐ PELVIS			☐ PELVIS	☐ ARTHROGRAM	OTHER (SPECIFY)	
OTHE	R (SPECIFY)	RENAL	M/SKELETAL U/S	☐ HEAD	OTHER (SPECIFY)	
		OTHER (SPECIFY)	SHOULDER	SINUSES		
LMP			OTHER (SPECIFY)	☐ RENAL COLIC	SCINTIGRAPHY	INTERVENTIONAL
				☐ CALCIUM SCORE	BONE	BIOPSY
EDD				COLONOGRAPHY	OTHER (SPECIFY)	OTHER (SPECIFY)
				☐ M/SKELETAL (SPECIFY)		
IND CODE						
						_
CLINICAL DETAILS					REFERRING PRACTITIONER	
COPY OF REPORT TO PHONE REPORT TO					SIGNATURE	DATE
#					SIGNATURE	DAIE
TESTS	SAFE					
FAX REPORT TO			FAX REPORT TO	ARG STORES ALL IMAGES ELECTRONICALLY		ELECTRONICALLY
#			#		IMAGES ARE AVAILABLE TO REFERRERS ONLINE.	
				ARG.CO.NZ/REFER		

