



AUCKLAND RADIOLOGY GROUP

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



101 REMUERA RD

(Entrance also at 6 St Marks Road)
X-ray, MRI, CT, Ultrasound,
Scintigraphy, Fluoroscopy,
Interventional Radiology
Ph: 09 529 4850 Fax: 09 529 1545
bookings@arg.co.nz

AVONDALE

White Cross New Lynn
2144 Great North Road
X-ray
7 days
Ph: 09 529 4850 Fax: 09 828 8298
avondale@arg.co.nz

HAURAKI CNR

327 Lake Road
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 489 3682
hauraki@arg.co.nz

HENDERSON

53 Lincoln Road
MRI, CT, X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 836 2048
henderson@arg.co.nz

HOWICK

18 Fencible Drive
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 535 4768
howick@arg.co.nz

NORTHERN CLINIC

212 Wairau Road, Glenfield
X-ray, MRI, CT,
Ultrasound, Fluoroscopy,
Interventional Radiology
Ph: 09 529 4850 Fax: 09 442 2964
northern@arg.co.nz

PAPAKURA

6-18 O'Shannessey Street
X-ray, Ultrasound
7 days, extended hours for X-ray
Ph: 09 529 4850 Fax: 09 297 7622
papakura@arg.co.nz

PARNELL

Birthcare Building
8 Maunsell Road
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 377 8624
parnell@arg.co.nz

PONSONBY

Level 1, One Jervis Building
1 Jervis Road
(entrance St Marys Road)
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 360 2492
ponsonby@arg.co.nz

PUKEKOHE

10 West Street
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 238 3087
pukekohe@arg.co.nz

QUEEN STREET

Level 4, Infosys House
79 Queen Street
Downtown Auckland
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 357 0584
queenst@arg.co.nz

ROYAL OAK

641 Manukau Road
X-ray, Ultrasound
Ph: 09 529 4850 Fax: 09 625 7111
royalook@arg.co.nz

ST JOHNS

261 Morrin Road
X-ray, MRI, Ultrasound
Ph: 09 529 4850 Fax: 09 528 6849
stjohns@arg.co.nz

TAKANINI

154 Great South Road
MRI, Ultrasound
Ph: 09 529 4850 Fax: 09 299 7368
takanini@arg.co.nz

TE TAI TOKERAU

27 Porowini Avenue, Morningside
Whangārei 0110
PET-CT, MRI, CT, Ultrasound, X-ray
Ph: 09 529 4850
ttt@arg.co.nz

TIRAKAU

Ti Rakau A&M Clinic
316 Ti Rakau Drive, Burswood
X-ray
Ph: 09 529 4850
tirakau@arg.co.nz

