



OFFICE USE ONLY

MR MRS DR			
MISS MS .....	SURNAME	GIVEN NAMES	
		ADDRESS	ACC No:
			DOI:
			NHI No.
DATE OF BIRTH	HOME • TELEPHONE NUMBER • WORK		HEALTH INSURANCE POLICY No. (CT & ECHO)

**SERVICE REQUIRED (Specify)**

X-ray

CT

Barium Studies

Ultrasound

Mammography

Echo

Bone Densitometry

MRI

Obstetric Ultrasound

LMP .....

EDD .....

**EXAMINATION REQUESTED (Specify)**

**CLINICAL DETAILS**

NAME / STAMP	DATE:
.....	MCNZ No.
<b>REFERRING DOCTOR</b>	<b>REFERRERS SIGNATURE</b>

<b>VISIT STICKER</b>	Additional Copies of Reports

**PLEASE BRING ANY RELEVANT/PREVIOUS FILMS**

Office Use	MRT	<input type="text"/>	EXAM CODE	<input type="text"/>	No OF FILMS	<input type="text"/>
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Promed House, Suite 4  
71 Tenth Ave, Tauranga  
Phone 07 578 0273  
Fax 07 577 9930

Grace Hospital  
281 Cheyne Road  
Tauranga  
Fax 07 543 5386

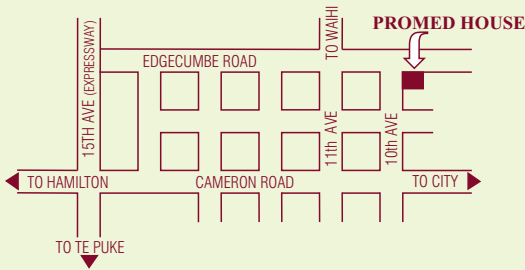
8 Grenada St  
Mt Maunganui  
Fax 07 574 9141

Queen Court,  
Queen Street, Te Puke  
Phone/Fax 07 573 0273

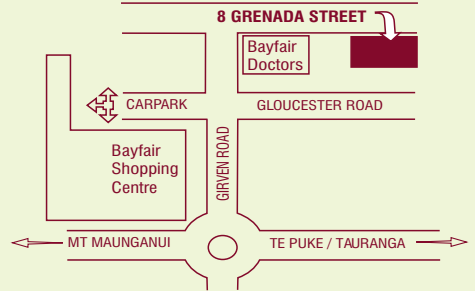
*Mail to:* PO Box 2636, Tauranga 3140

4 Clive Road  
Katikati  
Ph/Fax 07 549 3667

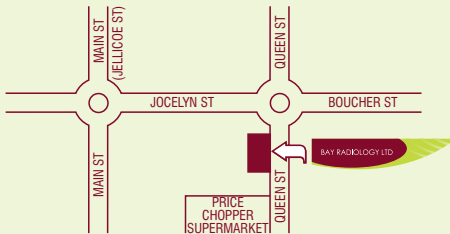
**PROMED HOUSE, TAURANGA**



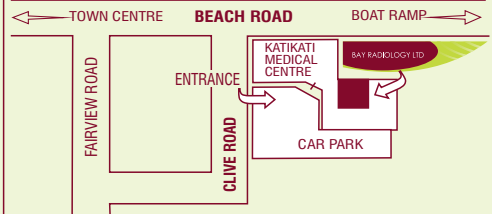
**GRENADA ST, MT MAUNGANUI**



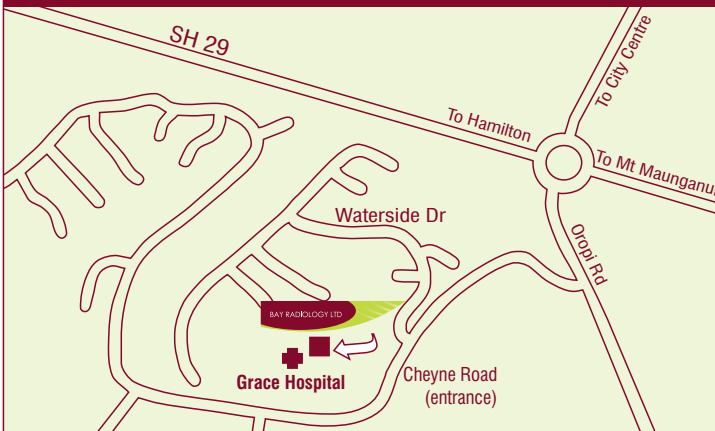
**TE PUKE**



**KATIKATI**



**GRACE HOSPITAL**



**DIAGNOSTIC  
RADIOLOGISTS**

- Philip Borrie F.R.A.N.Z.C.R.
- Bruce Chisholm F.R.A.N.Z.C.R.
- Adam El-Dieb MB BCH.
- Gerard Eagar F.R.A.N.Z.C.R.
- Guy Mason F.R.A.N.Z.C.R.
- Louise Moore F.R.A.N.Z.C.R.
- Brendan Murray F.R.A.N.Z.C.R.
- Amanda Ragg F.R.A.N.Z.C.R.
- Duncan Wood F.R.A.N.Z.C.R.
- Logan Fletcher F.R.A.N.Z.C.R.