Bay Radiology

IANZ ACCREDITED RADIOLOGY SERVICE ACCREDITATION NUMBER: 22

0800 467 4260 **P** 07 578 0273 **F** 07 577 9930 **E** info@bayradiology.co.nz
PO Box 2636, Tauranga 3144, Bay of Plenty, New Zealand

Date received:

Scan deadline:

ACC Number:

Date of incident:

Medical Insurer:

MRI Scan Request

Patient label

Date of request:

Referrer:

Signature:

cc Results to:

Head	**Spine**	**Pelvis/Abdomen**	**Musculoskeletal**		
Brain	C Spine	MP Prostate	Knee	R	L
MS Screen	T Spine	Rectal staging	Hip	R	L
Acoustic	L Spine	Anorectal fistula	Ankle	R	L
Pituitary	S I Joints	Female pelvis	Foot	R	L
TLE	Pelvis	MRCP (non contrast)	Wrist	R	L
Cerebral Angio	**Other**	Pancreas	Elbow	R	L
Carotid Angio	Whole body imaging	Liver	Shoulder	R	L
Venogram	Breast	Enterography	Brachial Plexus		
			Shoulder Arthrogram	R	L
Other (please specify) ›			Hip Arthrogram	R	L

Clinical Indications

Priority

Urgent

Semi Urgent

Routine

Specified date:

Patient Information:

PLEASE NOTE:
Bay Radiology does not prescribe or administer sedation.

Prescribed sedation	Y	N
Oxygen required	Y	N
Infectious patient	Y	N
eGFR		

Radiologist approved:

Radiologist grading:

Radiologist protocol:

FOR ALL INPATIENT REFERRALS:
This request cannot be actioned without a completed MRI Safety Questionnaire. Forward both forms to:
Radiology Department Tauranga Hospital Campus **F** 07 571 6392