

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.
<b>SERVICE REQUIRED (Specify)</b>		<b>EXAMINATION REQUESTED (Specify)</b>	
<input type="checkbox"/> X-ray		<b>CLINICAL DETAILS</b>	
<input type="checkbox"/> CT			
<input type="checkbox"/> Fluoroscopy			
<input type="checkbox"/> Ultrasound			
<input type="checkbox"/> Mammography			
<input type="checkbox"/> Echo			
<input type="checkbox"/> Bone Densitometry			
<input type="checkbox"/> MRI			
<input type="checkbox"/> Obstetric Ultrasound			
LMP .....			
EDD .....			
NAME / STAMP		DATE:	
.....		MCNZ No.	
REFERRING DOCTOR		REFERRERS SIGNATURE	
VISIT STICKER		Additional Copies of Reports	
PLEASE BRING ANY RELEVANT/PREVIOUS FILMS			
Office Use	MRT	EXAM CODE	No OF FILMS

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

22 Gravatt Road  
Papamoa  
Fax 07 575 9772

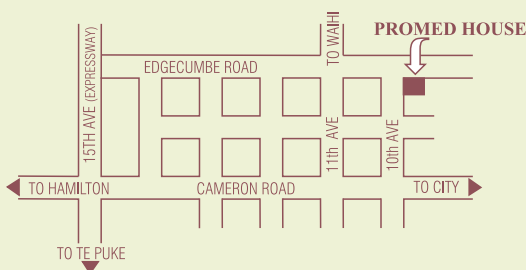
8 Grenada St  
Mt Maunganui  
Fax 07 574 9141

27 Queen Street  
Te Puke  
Ph/Fax 07 573 0273

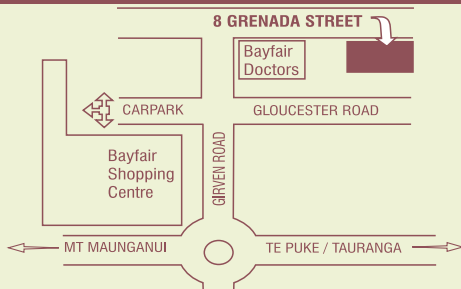
*Mail to:* PO Box 2636, Seventh Avenue, Tauranga 3140

4 Clive Road  
Katikati  
Ph/Fax 07 549 3667

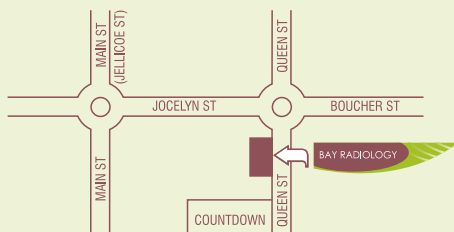
## PROMED HOUSE, TAURANGA



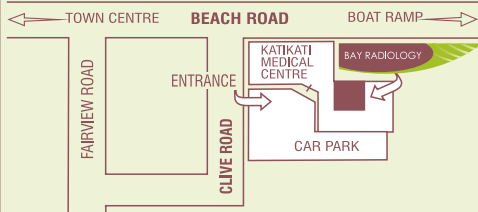
## GRENADA ST, MT MAUNGANUI



## TE PUKE



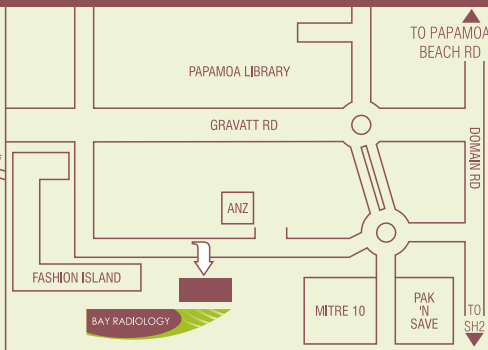
## KATIKATI



## GRACE HOSPITAL



## PAPAMOA



## DIAGNOSTIC RADIOLOGISTS

Philip Borrie FRANZCR  
Bruce Chisholm FRANZCR  
Gerard Eagar FRANZCR  
Adam El-Dieb FRANZCR

Logan Fletcher FRANZCR  
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Louise Moore FRANZCR  
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Sharath Prakash FRANZCR  
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Duncan Wood FRANZCR