

Mr Mrs Dr Miss Ms _____	SURNAME GIVEN NAMES
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ADDRESS	ACC No. DOI NHI No.
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DOB	DAYTIME PHONE	A/H PHONE	HI POLICY No.
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SERVICE REQUIRED

- X-Ray
- CT
- Fluoroscopy
- Ultrasound
- Mammography
- Echo
- Bone Densitometry
- MRI
- Obstetric Ultrasound

LMP _____

EDD _____

EXAMINATION REQUIRED

CLINICAL DETAILS

NAME/STAMP	DATE
_____ _____	MCNZ No.
REFERRING DOCTOR	REFERRERS SIGNATURE

visit sticker	Additional copies of reports
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0800 467 4260 bookings and enquiries

P 07 578 0273 **F** 07 577 9930

E info@bayradiology.co.nz

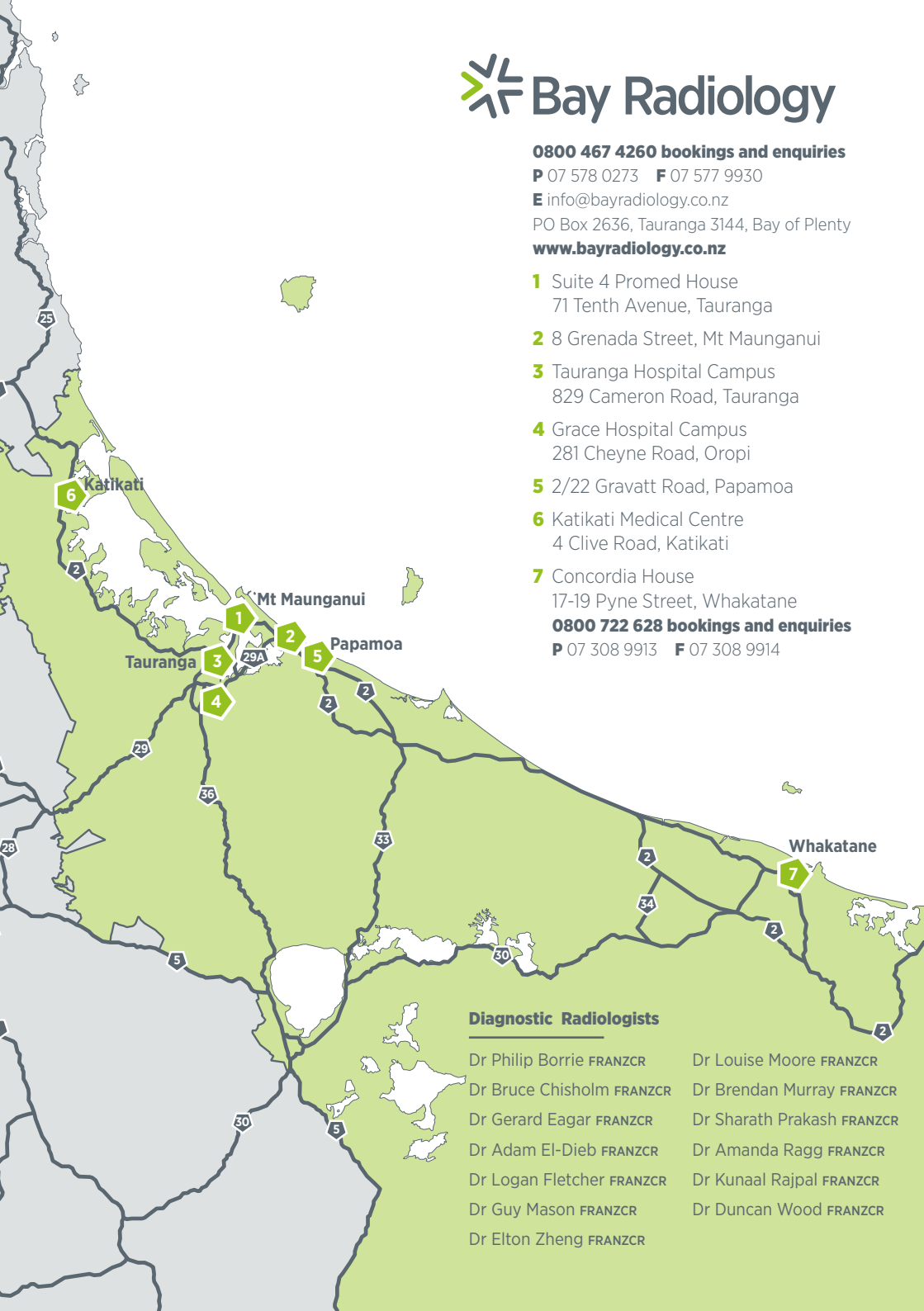
PO Box 2636, Tauranga 3144, Bay of Plenty

www.bayradiology.co.nz

- 1** Suite 4 Promed House
71 Tenth Avenue, Tauranga
- 2** 8 Grenada Street, Mt Maunganui
- 3** Tauranga Hospital Campus
829 Cameron Road, Tauranga
- 4** Grace Hospital Campus
281 Cheyne Road, Oropi
- 5** 2/22 Gravatt Road, Papamoa
- 6** Katikati Medical Centre
4 Clive Road, Katikati
- 7** Concordia House
17-19 Pyne Street, Whakatane

0800 722 628 bookings and enquiries

P 07 308 9913 **F** 07 308 9914



Diagnostic Radiologists

Dr Philip Borrie FRANZCR

Dr Bruce Chisholm FRANZCR

Dr Gerard Eagar FRANZCR

Dr Adam El-Dieb FRANZCR

Dr Logan Fletcher FRANZCR

Dr Guy Mason FRANZCR

Dr Elton Zheng FRANZCR

Dr Louise Moore FRANZCR

Dr Brendan Murray FRANZCR

Dr Sharath Prakash FRANZCR

Dr Amanda Ragg FRANZCR

Dr Kunaal Rajpal FRANZCR

Dr Duncan Wood FRANZCR