

SPECIALIST RADIOLOGY + MRI
GREENLANE



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MANUKAU

027 494 7157


021 192 3686

Dr Quentin Reeves • Dr Adam Worthington • Dr Richard Gee • Dr Lucinda Boyer • Dr Francesca Wilson • Dr Lorna Que • Dr Ibrahim Hussein • Dr Andrew Clarke

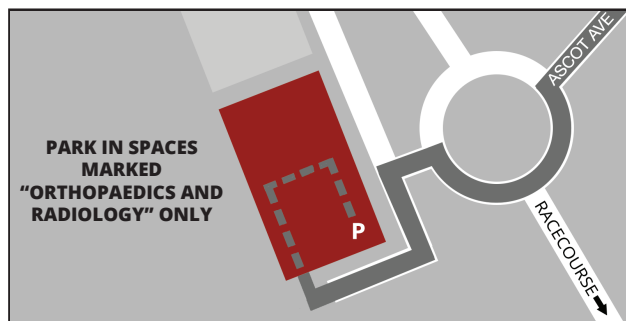
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname	First Name
Address		DOB / /
		NHI # <input type="checkbox"/> NSC
Email		ACC #
Ph (Home)	Ph (Mob)	Insurer #

3 T MRI	Ultrasound	CT	X-Ray
<input type="checkbox"/> C Spine <input type="checkbox"/> T Spine <input type="checkbox"/> L Spine <input type="checkbox"/> Brain <input type="checkbox"/> IAMS <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger / Thumb <input type="checkbox"/> Pelvis <input type="checkbox"/> Hip	<input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Arthrogram <input type="checkbox"/> IV Gadolinium <input type="checkbox"/> Other _____ <div>Interventional</div> <input type="checkbox"/> Nerve Root Injection <input type="checkbox"/> Facet Joint Injection <input type="checkbox"/> Other _____	<input type="checkbox"/> Musculoskeletal ± X-Ray <input type="checkbox"/> PRP Injection <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Renal <input type="checkbox"/> Pelvis <input type="checkbox"/> Obstetrics <input type="checkbox"/> Carotid <input type="checkbox"/> DVT <input type="checkbox"/> Injection / Aspiration <input type="checkbox"/> Other _____	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Spine <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> Head <input type="checkbox"/> Sinuses <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Other _____ <div>NUCLEAR MEDICINE</div> <input type="checkbox"/> Whole Body Bone Scan <input type="checkbox"/> Bone SPECT / CT <input type="checkbox"/> Parathyroid <input type="checkbox"/> Other _____ For enquiries, phone us on (09) 523 7054

Region of Interest / Procedure	Alerts	Urgency
	<input type="checkbox"/> Anticoagulants <input type="checkbox"/> Pacemaker <input type="checkbox"/> Neuro / BioStimulator <input type="checkbox"/> Other _____	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine

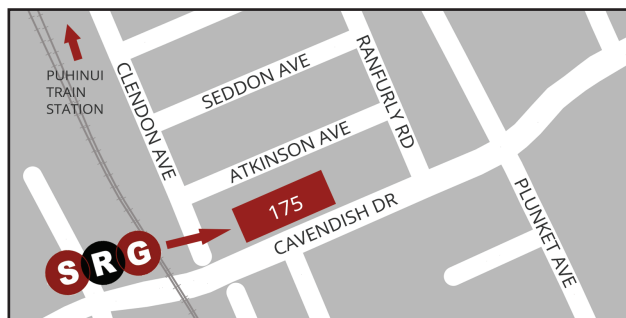
Clinical Details	Referring Practitioner
	Name: NZMC: Date: Copy to: Signature: _____ 

(Level 2, Building C, Ascot office Park, 95 Ascot Avenue, Greenlane)



To find us: Take the Greenlane exit onto Greenlane East Road. Turn right at the first set of lights onto Ellerslie Racecourse Drive and then right at the first round-about. At the second round-about continue straight ahead. A green OA sign is displayed prominently on the side of the building. Turn left, drive between the parked cars and the building and then down the ramp to the underground car park. You must park in a space marked "Orthopaedics and Radiology" only or you may be towed.

(Cavendish Clinic, 175 Cavendish Drive, Manukau)



Examination Preparation

Drink 4 cups of water. Start drinking 2 hours before your appointment time and complete by 1 hour before your appointment.

No preparation required.

All patients: Please bring any previous relevant medical imaging with you to your appointment