



F: (07) 839 1810 P: (07) 839 1800

**A: Victoria St Clinic,**  
750 Victoria St, Hamilton 3204

**A: Hood St Clinic,**  
30 Hood St, Hamilton 3204

reception@riverradiology.co.nz

www.riverradiology.co.nz

Please return by fax and an appointment will be arranged or call us direct.

|         |               |      |
|---------|---------------|------|
| Name    | Date of Birth | NHI# |
| Address | Phone         | ACC# |
|         | Mobile        | INS# |

| MRI                                      | Ultrasound                               | Guided Injections                         | Cone Beam CT                        | X-Ray                                    |
|--|--|---|-------------------------------------|--|
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Corticosteroid   | <input type="checkbox"/> Upper Limb | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Arthrogram      | <input type="checkbox"/> Small Parts     | <input type="checkbox"/> Autologous Blood | <input type="checkbox"/> Lower Limb | <input type="checkbox"/> Abdomen         |
| <input type="checkbox"/> Abdo / Pelvis   | <input type="checkbox"/> Abdo / Pelvis   | <input type="checkbox"/> PRP              | <input type="checkbox"/> Sinuses    | <input type="checkbox"/> Pelvis          |
| <input type="checkbox"/> Brain           | <input type="checkbox"/> Antenatal       | <input type="checkbox"/> Epidural         | <input type="checkbox"/> Dental     | <input type="checkbox"/> Chest           |
| <input type="checkbox"/> Spine           | <input type="checkbox"/> Vascular        | <input type="checkbox"/> Facet Joint      | <input type="checkbox"/> TMJ        | <input type="checkbox"/> Spine           |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Other           | <input type="checkbox"/> Other            | <input type="checkbox"/> Other      | <input type="checkbox"/> Other           |

|                |
|----------------|
| Exam Requested |
|----------------|

|                                   |                      |
|-----------------------------------|----------------------|
| Clinical Indication               | Referrer Information |
|                                   | Signature            |
| Patient History / Imaging History | Date                 |
|                                   | Report Copies To     |



Please see overleaf for location and appointment details



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## Patient Preparation

### Pelvic Ultrasound Scans

Empty bladder 1 hour before appointment. Drink 1 litre water rapidly. Do not empty bladder until after ultrasound.

### Pregnancy Ultrasound Scans

Up to 16 weeks pregnant, fill bladder as for pelvic scans. (above)  
Over 16 weeks pregnant; no preparation.

### Abdominal MRI and Ultrasound Scans

Nothing to eat or drink for four hours before scan.

### X-ray and Cone Beam CT

No preparation

### Guided Injections

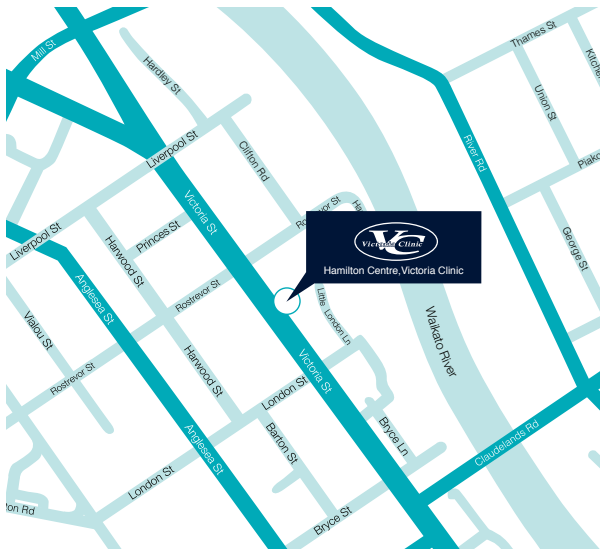
As instructed

### All MRI Scans

Please call us if you have any of the following:

- Cardiac pacemaker or defibrillator
- Brain aneurysm clip
- Pacing leads or wires
- Neuro-stimulator or shunt
- Coronary artery or other stent
- Cochlear or ear implant
- Artificial joint or limb
- Metal fragments remaining in your eyes
- Kidney / renal failure

## Services: X-Ray Only



### Victoria St Clinic

Services: X-Ray Only

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○ River Radiology is located within the Victoria Clinic

## Services: MRI / Ultrasound / Cone Beam CT / X-Ray



### Hood St Clinic

Services: MRI / Ultrasound / Cone Beam CT / X-Ray

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