



P: (07) 839 1800

F: (07) 839 1810

**A: Te Rapa Clinic,**  
18 Karewa Place,  
Hamilton 3204

**A: Victoria Clinic,**  
173 Anglesea St,  
Hamilton 3204

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

**A: Cambridge Clinic,**  
1913 Cambridge Rd,  
Cambridge 3434

reception@riverradiology.co.nz www.riverradiology.co.nz

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

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

| MRI                                   | Ultrasound                            | Guided Injections                      | CT/ Cone Beam CT                      | X-Ray                                 |
|---------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|
| <input type="radio"/> Musculoskeletal | <input type="radio"/> Musculoskeletal | <input type="radio"/> Corticosteroid   | <input type="radio"/> Musculoskeletal | <input type="radio"/> Musculoskeletal |
| <input type="radio"/> Arthrogram      | <input type="radio"/> Small Parts     | <input type="radio"/> Autologous Blood | <input type="radio"/> Interventional  | <input type="radio"/> Abdomen         |
| <input type="radio"/> Abdo / Pelvis   | <input type="radio"/> Abdo / Pelvis   | <input type="radio"/> PRP              | <input type="radio"/> ENT             | <input type="radio"/> Pelvis          |
| <input type="radio"/> Brain           | <input type="radio"/> Antenatal       | <input type="radio"/> Epidural         | <input type="radio"/> Abdo/Pelvis     | <input type="radio"/> Chest           |
| <input type="radio"/> Spine           | <input type="radio"/> Vascular        | <input type="radio"/> Facet Joint      | <input type="radio"/> Brain           | <input type="radio"/> Spine           |
| <input type="radio"/> Other           | <input type="radio"/> Other           | <input type="radio"/> Other            | <input type="radio"/> Chest           | <input type="radio"/> Other           |

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

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

## 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

CT chest with contrast - No food 1 hour before appointment.  
CT abdomen/kidneys/liver with contrast - No food 1 hour before appointment, 600mls of water 45 minutes before scan (do not need to hold bladder). Please advise of any allergies prior to CT scan.

### 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 / Ultrasound**



#### Victoria Clinic

**A:** 173 Anglesea St,  
Hamilton 3204

**P:** (07) 959 1819

**H:** 8:00am – 6:30pm, Mon to Fri

Services:  
**X-Ray / Ultrasound / CT / MRI**



#### Hood St Clinic

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

**P:** (07) 839 1800

Services:  
**X-Ray / Ultrasound / MRI**



#### Cambridge Clinic

**A:** 1913 Cambridge Rd,  
Cambridge 3434

**P:** (07) 957 1835

Services:  
**X-Ray / Ultrasound / Cone Beam CTT**



#### Te Rapa Clinic

**A:** 18 Karewa Place, Te Rapa,  
Hamilton 3200

**P:** (07) 849 0627