Wellington IMAGING

120 Victoria Street
Te Aro, Wellington
04 801 8527

PLEASE SEE REVERSE FOR CLINIC LOCATION & IMPORTANT INFORMATION

PATIENT DETAILS

Name: .....

Date of Birth: ...../...../..... M/F NHI:.....

Mobile: ..... Home: ..... Work: .....

Email: .....

Address: .....

.....

ACC? Y/N ACC No: ..... Previous X-ray/scan? Y/N

Community Services Card? Y/N CSC No: ..... Expiry Date: ...../...../.....

REQUESTED SERVICE

❍ General x-ray Region: .....

❍ Chiropractor full spine x-rays

❍ Immigration Chest x-ray

CLINICAL INFORMATION

REPORT: ❍ Routine ❍ Urgent ❍ Urgent Phone/Email .....

Referrer's Name: ..... NZMC..... Date: .....

Practice EDI: .....

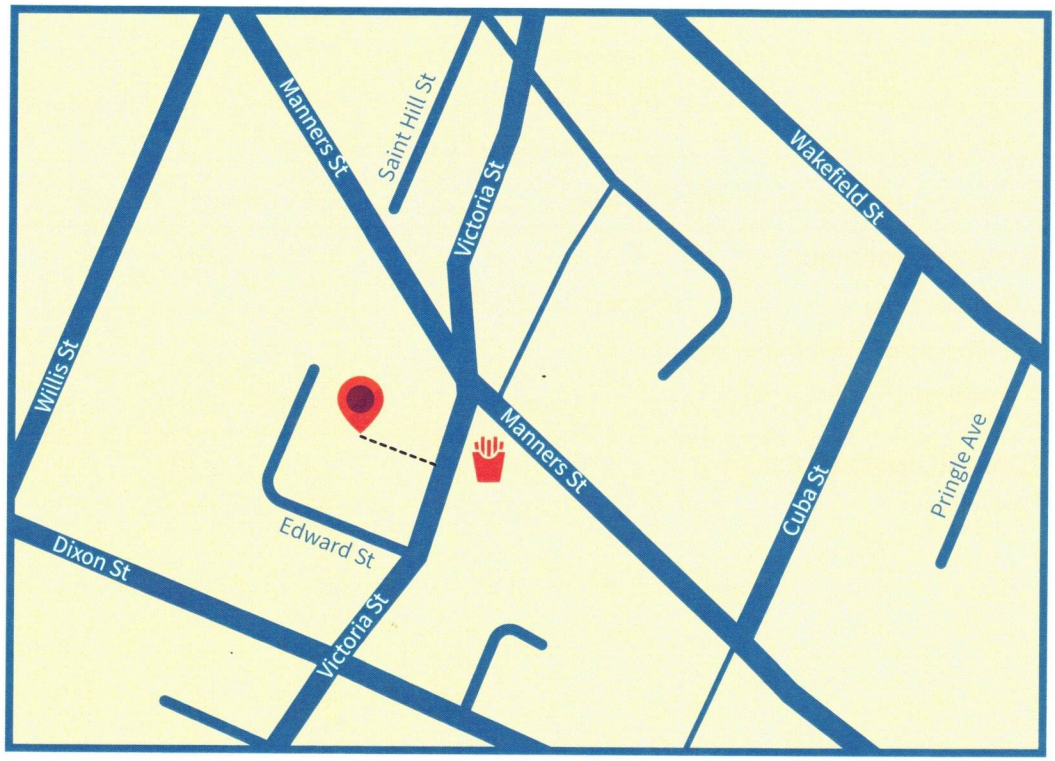
Practice Phone: ..... Email: .....

Signature: ..... Copies to: .....

Wellington IMAGING

120 Victoria Street, Te Aro, Wellington
reception@wellingtonimaging.co.nz

FIND US AT THE END OF THE WALKWAY



McDonald's Manners Street.

WHAT TO BRING WITH YOU

- Your referral form
- All previous images and reports if you have them