



MERCURY BAY
RADIOLOGY

Office use only

18 Coghill Street, Whitianga 3510, New Zealand
Phone: 07 866 5973 (Monday to Friday 8.45am-2.15pm)
Email: mbayradiology@gmail.com

We require this referral to book your appointment.

How to book:

Ring us on 07 866 5973 (Monday to Friday 8.45am-2.15pm). Hours may vary

Take a photo of this form and email it to us with your phone number and we will ring you and confirm a time.

Please bring this request form with you on the day of your appointment.

Please note Surcharges may apply.

Mr Mrs Ms Miss	SURNAME	NHI	DATE OF BIRTH
FIRST NAMES		TELEPHONE (HM)	
ADDRESS		TELEPHONE (BUS)	
		MOBILE	
EMAIL ADDRESS		NHI	
EXAMINATION REQUIRED		<input type="checkbox"/>	X-RAY
		<input type="checkbox"/>	Ultrasound
Clinical details are required for all referrals			
Previous Scan Y/N		Location of previous scan	
ACC Number		Date of Injury	
Referrer: Name/Stamp		Date:	
Signed			
Copies To:			