



MR MRS DR MISS MS .....	SURNAME		GIVEN NAMES	
ADDRESS				ACC No:
				DOI:
				NHI No.
DATE OF BIRTH	HOME • TELEPHONE NUMBER • WORK		HEALTH INSURANCE POLICY No. (CT & ECHO)	

<b>SERVICE REQUIRED (Specify)</b> <input type="checkbox"/> X-ray <input type="checkbox"/> CT <input type="checkbox"/> Barium Studies <input type="checkbox"/> Ultrasound <input type="checkbox"/> Mammography <input type="checkbox"/> Echo <input type="checkbox"/> Bone Densitometry <input type="checkbox"/> MRI <input type="checkbox"/> Obstetric Ultrasound LMP ..... EDD .....	<b>EXAMINATION REQUESTED (Specify)</b>  
	<b>CLINICAL DETAILS</b>  

NAME / STAMP	DATE:
.....	MCNZ No.
<b>REFERRING DOCTOR</b>	<b>REFERRERS SIGNATURE</b>
<b>VISIT STICKER</b>	
Additional Copies of Reports	

**PLEASE BRING ANY RELEVANT/PREVIOUS FILMS**

Office Use	MRT	<input type="text"/>	EXAM CODE	<input type="text"/>	No OF FILMS	<input type="text"/>
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# BAY RADIOLOGY LTD

## MRI BAY OF PLENTY

Promed House, Suite 4  
71 Tenth Ave, Tauranga  
Phone 07 578 0273  
Fax 07 577 9930

Queen Court,  
Queen Street, Te Puke  
Phone/Fax 07 573 0273

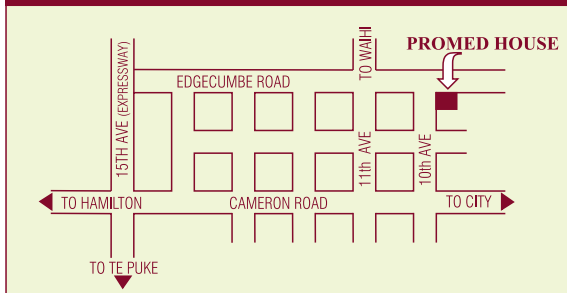
Grace Hospital  
281 Cheyne Road  
Tauranga  
Phone 07 543 5385  
Fax 07 543 5386

**Mail to:** PO Box 2636, Tauranga 3140

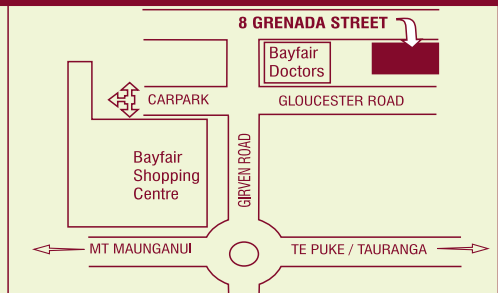
8 Grenada St  
Mt Maunganui  
Phone 07 574 9140  
Fax 07 574 9141

4 Clive Road  
Katikati  
Ph/Fax 07 549 3667

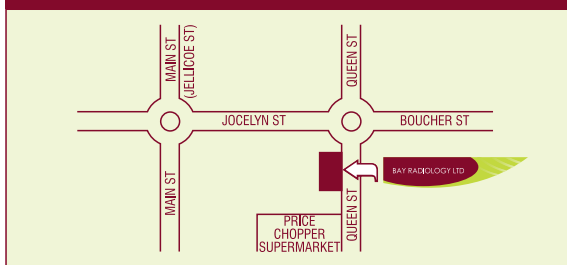
### PROMED HOUSE, TAURANGA



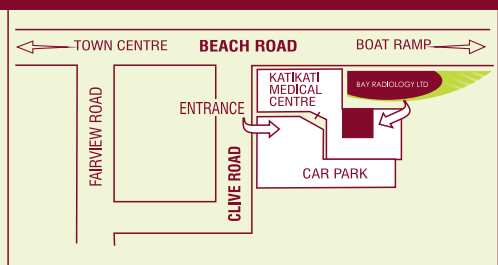
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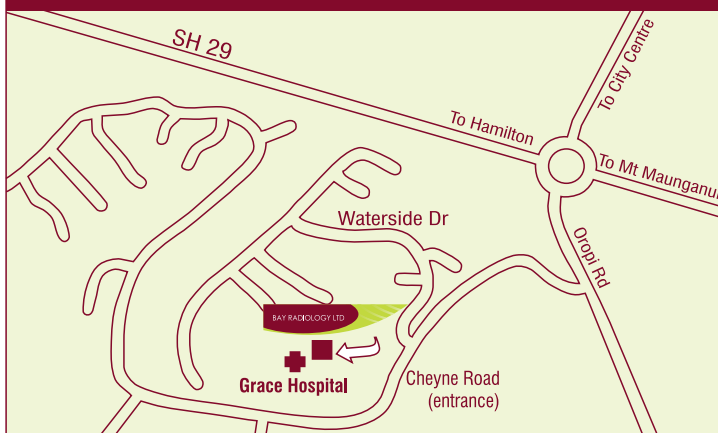
### TE PUKE



### KATIKATI



### GRACE HOSPITAL



## DIAGNOSTIC RADIOLOGISTS

- Philip Borrie F.R.A.N.Z.C.R.
- Bruce Chisholm F.R.A.N.Z.C.R.
- Adam El-Dieb MB BCH.
- Gerard Eagar F.R.A.N.Z.C.R.
- Guy Mason F.R.A.N.Z.C.R.
- Louise Moore F.R.A.N.Z.C.R.
- Brendan Murray F.R.A.N.Z.C.R.
- Amanda Ragg F.R.A.N.Z.C.R.
- Duncan Wood F.R.A.N.Z.C.R.