MEDEX HAMILTON LTD

Dr Deborah Andrews DMU MBChB FRANZCR
Dr Darrilyn Greenberg MBChB(Wits) FFRadD(SA) FRANZCR
Dr Jann Medlicott BSc MBChB DDR FRCR FRANZCR

Appointment

Date/Day

Time

Mr Mrs
Dr Miss
Ms

Surname

First Name(s)

Date of Birth / /

Address

Telephone
Res:

Bus:

ACC Number

NHI Number

☐ Examination Required

Ultrasound
- ☐ Pregnancy
- ☐ Upper Abdomen
- ☐ Pelvis/Lower Abdomen
- ☐ Renal
- ☐ Musculo Skeletal
- ☐ Thyroid/Neck
- ☐ Other

Mammography
- ☐ Screening
- ☐ Diagnostic
- ☐ Biopsy
- ☐ Ultrasound/Breast
- ☐ Cyst Aspiration

Bone Densitometi
- ☐ Screening BMD
- ☐ Lateral Spine
- ☐ Whole Body
- ☐ Body Composition

Clinical Details

LMP

G__ P__

40 weeks

Referring Practitioner

	Films	Report
end to Referrer:	☐	☐
end to Patient:	☐	☐
ive to Patient:	☐	☐

Pregnancy Indication Code

Signature

Telephone

MCNZ/NCONZ Number

MRT | Film No. | Claiming Codes | Mammography Code

Copy of Report to:

Date / /