



Established 1969

Ph: 623 0274

**Available after hours for urgent
examinations only**

Patient No:

Patients Name

Examination

Address

Brief clinical details

Date of Birth

Phone

NHI

ACC Yes No

ACC #

POAC #

Urgent Report Yes No * (circle one)

Referring Practitioner

Signed

Date

- For information about our service, visit our website www.portablexray.co.nz
- Enquiries can be emailed to info@portablexray.co.nz
- please notify us if you wish to fax your request, as our phone number does not receive faxes



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