



PATIENT REFERRAL FORM

wus.co.nz

PATIENT DETAILS:

First Name _____ Female

Last Name _____ Male

Ph Number _____ DOB _____

Address _____

NHI Number _____ ACC Number _____

EXAMINATION TYPE:

General Ultrasound

Maternity:

LMP EDD

Clinical Indication:

REFERRER DETAILS:

Name _____ NZMC/MCNZ number _____

Address _____

Ph Number _____ Fax Number _____

Date ____ / ____ / ____ Signature _____

Additional Reports to _____



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[WUS.CO.NZ](http://wus.co.nz)

Wellington Ultrasound is located at the Ronald McDonald House opposite Wellington Hospital. Call, email or book online to make an appointment.

MAP: Wellington Ultrasound, 38 Riddiford St, Newtown, Wellington.



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F: 04 830 2961

E: reception@wus.co.nz