



Kathryn Jack
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Please complete all areas to allow your details to be correctly updated on our database and return the completed form to Fax: (03) 365 9431, or Post: PO Box 130 000, Christchurch 8141

Surname _____

First Name _____

Title _____

Registration Number _____

General Practitioner **Physiotherapist** **Midwife** **Chiropractor**
 Specialist (Please specify) _____ **Other (Please specify)** _____

Practice Name & Postal Address _____

Practice Phone Number _____

Practice Fax Number _____

Pager/Mobile Number _____

Email Address _____

Is this the only location you refer from? **YES/NO**
(If **No**, please complete another form for each location)

I Wish To Receive All My Patients Reports By: (Maximum of Two Only)

Automatic Fax **Post** **EDI - Mail Box Address:** _____

Images will be kept on our CRG PACS system which means that all images are acquired, reported and stored long term in electronic format. Mammography xrays will be processed and filed accordingly

PACS ACCESS

If you require PACS access, please complete and return our Privacy & Security Agreement Form which can be found under FORMS on our website: www.christchurchradiology.co.nz

Please tick this box if you would like to be contacted about accessing Webcomrad