Midland
Cardio-Vascular Services

Braemar Hospital
Your choice for excellence

07 843 1895 mcvsbookings@mcvs.co.nz

Pt Name:	Referring Dr:
Address:	Address:
Phone:	
DOB/NHI:	

Procedure Required: ☐ L ☐ R

- ☐ Biopsy
- ☐ Embolisation
- ☐ Ablation
- ☐ Angiogram
- ☐ PICC Insertion
- ☐ Echocardiogram
- ☐ Nephrostomy
- ☐ Drainage
- ☐ Other _____

Clinical Details:
Special Instructions:

Signature: _____