



**CHIROPRACTIC CENTRE**  
**NEW ZEALAND COLLEGE**  
**OF CHIROPRACTIC**

**Radiology**  
6 Harrison Road, Mt Wellington  
095262100

Your Appointment: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Sex at Birth: \_\_\_\_\_ M / F \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Weight: \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mobile \_\_\_\_\_

Age: \_\_\_\_\_ Home \_\_\_\_\_

☐ Sectional F/S ☐ 3 View Cervical ☐ 2 View Lumbopelvic ☐ Cervical Obliques

☐ Cervical Flex/Ext ☐ 2 View Thoracic ☐ Extremity (specify) →

☐ Other (specify) →

Clinical Details:

Referring Practitioner: \_\_\_\_\_

Practice Name: \_\_\_\_\_

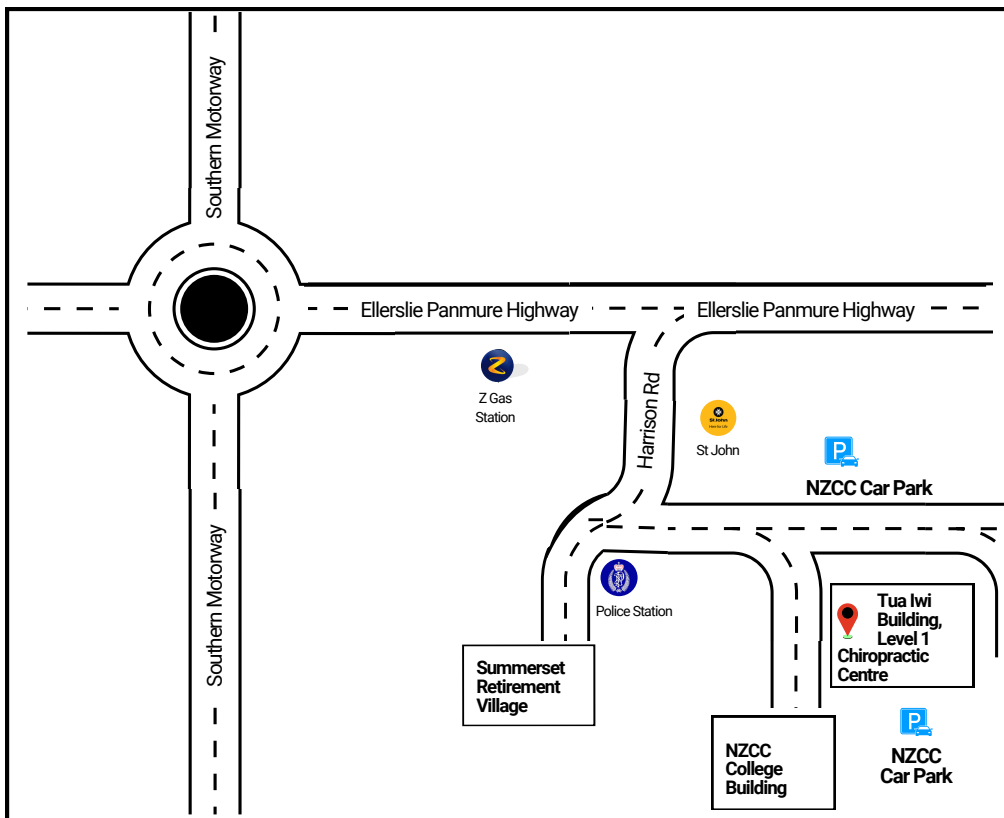
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ACC NHI#:

ACC Diagnosis Code:

**Please call for your appointment - 095262100**



**CHIROPRACTIC CENTRE**  
NEW ZEALAND COLLEGE  
OF CHIROPRACTIC

The New Zealand College of Chiropractic is the only chiropractic training facility in New Zealand.

The Bachelor of Chiropractic degree is NZQA and CCEA accredited.

**Level 1, Tua Iwi Building, 6 Harrison Road, Mt Wellington, Auckland**



**H A N D S**



**H E A R T S**



**M I N D S**

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