REQUEST FOR RADIOLOGY
OUTSIDE IMAGE CONSULTATION

Section completed by Customer Service Staff

Received by (CSC initials) ______________
Date & time received in CSC ______________

Outside images picked-up - customer’s signature & date ______________________

REQUEST FOR SERVICE

EACH STUDY DATE REQUIRES SEPARATE REQUEST, ALONG WITH OUTSIDE RADIOLOGY REPORT

Origin of outside films and/or CDs ______________ Requested date ___________

Clinical/Diagnosis include any specific clinical information ____________________________

<table>
<thead>
<tr>
<th>Study(s) Submitted</th>
<th>CD or Film</th>
<th># Images or Films</th>
<th>Modality</th>
<th>Outside Report</th>
<th>Date of Study</th>
<th>Accession Number</th>
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To ensure the highest quality of customer service, please read the following information carefully.

1. Check if your patient is from the ED ☐ or scheduled for the OR, within the next hour ☐

2. Radiology estimates that about 15% of CDs cannot be imported into UltraVisual. When this occurs, the order form will be viewable in UltraVisual with the imprint “VIEW ONLY” on the form.

3. In the event the CD cannot be imported, do you still request the consultation read?  Yes ☐ No ☐

4. In the event the CD cannot be imported, you will be notified to pick-up the CD immediately. CSC is not responsible after two weeks for storage of CDs or films. Please indicate how you would like to be contacted.

   E-mail address ___________________  Cell phone/beeper ___________________  Office number ___________

5. The requesting physician is responsible to notify his/her patient that a minimal fee is associated with requests for an outside consultation and storage of images on the archive.

   Requesting physician’s signature _______________________________  Code ___________

COMPLETED BY CUSTOMER SERVICE CENTER STAFF

CD copied at time of order Yes ☐ No ☐ Requestor ___________ Date/Initials ___________

VIEW ONLY CD Yes ☐ No ☐ If yes, delivered to ___________ Date/Initials ___________

ICD Code ___________ Additional Comments __________________________

Destruction of Hard Copies

1st Date/Initials  Contact name & method

2nd Date/Initials  Contact name & method

Final Date/Initials  Contact name & method