PHYSICIAN INFORMATION

Referring Location: ___________________________ and ___________________________

Ordering Physician:

Attending/PCP:

Please Note: The following is required before an official review will occur:

☐ Original Report/s

☐ Radiologist Approval:

Outside Image(s) Upload to PACS:

☐ Routine (Up to 2 weeks)  ☐ Urgent (2-3 days)  ☐ Stat (within 24hrs)

Please specify the nature of any Urgent or Stat requests: ___________________________

Comments: ___________________________

Specify modality, body part or region, and originating facility to be uploaded to PACS per CD submitted.
If submitting films, pull relevant film/s for interpretation and/or comparison and attach them to the request form.

<table>
<thead>
<tr>
<th>Modality</th>
<th>Body Part / Region</th>
<th>Originating Facility / Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DIAGNOSIS / HISTORY:

Signs and Symptoms:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Please leave contact name and number for imaging pick-up contact person.

Contact Name: ___________________________ Office Phone # ___________________________ Cell # ___________________________

Signature: ___________________________ Print Name ___________________________ Date ___________________________ Time ___________________________ Pager ___________________________

Processing turn around time not to exceed 2 weeks.
You will be contacted by the Image Library if any submitted CDs are not computer software compatible. Any incomplete section of the form will delay the processing of the request.

100-1462 (6/10)  S-FF (Internal Use Only): __________