



*** REQUIRED**

**Radiology Imaging Services Request
Importing/Digitizing Outside Films/CD and/or Radiologist Interpretation**

*Date of request: / /
mm dd yyyy Name of Imaging Services Tech:

*Patient Name:
Last First M.I.

*D.O.B.: / /
mm dd yyyy TCH Medical Record #

*Type of Study to be reviewed (CT, MRI, X-Ray, US):

*Requesting Physician/Individual Name:
*Phone:
Other Phone: Pager:
*Email:

*Outside CT/MRI or Nuclear Radiology studies may be uploaded for formal (billed) interpretation or for future comparison. All other exams will be uploaded for film comparison purposes only. **Please attach report(s) associated with studies.**

Formal (billed) review of CT/MRI/Nuclear Radiology study
 Comparison purposes only

*For interpretation requests, please provide pertinent clinical history (brief history of present illness, reason for examination, underlying illness, pertinent surgical history, etc.).

*What to do with the ORIGINAL IMAGES/CDs once imported to Imaging Library:
 Return to Requesting Physician / Individual
 Return to Patient
 Shred/Dispose of
[Note: CDs left with the Imaging Library will be retained for 30 days only]

Signature of Physician requesting formal review
[Note: Your signature confirms that you have informed the patient/patient's family that if a second opinion/over-read is requested, the patient/patient's insurance will be billed for that service.]