

The Edward B. Singleton Department of Radiology 6701 Fannin St, Houston, TX 77030

Imaging Services Phone: 832-822-1202; Fax: 832-825-5512 Email: radiologyimagingservices@texaschildrens.org

* REQUIRED

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

*Date of request:		/ /			Name of Imaging Services Tech:					
			/	/						
		mm	dd	уууу						
*Patient Name:										
*D O B .							First			M.I.
*D.O.B.:				TCH Med	iicai Record #					
		m dd		10001						
vm c				уууу						
*Type of	Study to	be reviewed (CT, MRI, X	K-Ray, US):						
*Request	ing Physi	ician/Individu	ıal Name:							
1										
*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. <i>Please attach report(s) associated with studies</i> .										
☐ For	mal (bille	ed) review of (CT/MRI/N	uclear Radiolo	gy study					
Con	nparison	purposes only	y							
*For inte underlyi	rpretatio ng illness	n requests, pl , pertinent su	ease provi rgical hist	ide pertinent co	linical histo	ry (brief history	y of present i	llness, reason for 6	examination,	
					,					
importe	d to Ima	h the ORIGI ging Librar uesting Phy	y:	GES/CDs one	ee					
□ Retur	n to Pat	ient	, –		Sign	nature of Phys	sician reque	esting formal rev	iew	
☐ Shred			ıa Librarı	ı will be retain	_{od} pati	ent/patient's fa	mily that if a	s that you have info a second opinion/o	ver-read is re	quested,
for 30 da	[Note: CDs left with the Imaging Library will be retained for 30 days only] patient/patient's family that if a second opinion/over-read is requested the patient/patient's insurance will be billed for that service.]									