

VCU Health System
DEPARTMENT OF RADIOLOGY
PACS & IMAGING DISTRIBUTION SYSTEM OUTSIDE CONSULT REQUEST

REFERRAL CONTACT INFORMATION:

DATE CD DELIVERED: _____ REQUESTING PHYSICIAN: _____

P.O. BOX NUMBER: _____ FAX #: _____

CONTACT PERSON: _____ PHONE #: _____

PATIENT INFORMATION:

PATIENT NAME: _____ MRN #: _____

DOB: _____ CIRCLE: **INPATIENT** OR **OUTPATIENT**

PACS AND/OR IMAGING DISTRIBUTION SYSTEM CONSULT STUDIES FOR CD IMPORT:

BE SURE TO INDICATE THE NUMBER OF STUDIES TO BE IMPORTED FROM CD, AS
RADIOLOGY ACCESSION NUMBERS ARE REQUIRED FOR EACH INDIVIDUAL CASE.

| | | |
|------------------------|-------------------|-------------------|
| HEAD CT _____ | HEAD MRI _____ | CHEST FILM _____ |
| CHEST CT _____ | SPINE MRI _____ | BONE FILM _____ |
| ABDOMEN CT _____ | ABDOMEN MRI _____ | ULTRASOUND _____ |
| PELVIS CT _____ | PELVIS MRI _____ | ANGIO STUDY _____ |
| NUCLEAR MEDICINE _____ | | OTHER _____ |

INDICATE BELOW WHETHER CONSULT IMPORT TO PACS REQUIRES RADIOLOGIST READING, OR IF
IMPORTED STUDY FROM CD IS FOR VCUHS COMPARISON OR IMAGING DISTRIBUTION SYSTEM VIEWING:

BILLED READINGS:

Outside consult: BODY (w/Read) _____
Outside consult: BONE (w/Read) _____
Outside consult: CHEST (w/Read) _____
Outside consult: NEURO (w/Read) _____
Outside consult: PEDS (w/Read) _____
Outside consult: VASC (w/Read) _____

NON-BILLED VIEWING / NO READ:

Outside films/PACS: ANG (no Read) _____
Outside films/PACS: CT (no Read) _____
Outside films/PACS: MRI (no Read) _____
Outside films/PACS: US (no Read) _____
Outside films/PACS: Reg (no Read) _____
(includes CHEST and BONE)

IF READING IS REQUIRED, INCLUDE DIAGNOSIS/SYMPTOMS OR SPECIFIC QUESTIONS TO BE ANSWERED FROM THIS INTERPRETATION: _____

IS THERE A QUESTION REGARDING THE ORIGINAL INTERPRETATION? NO _____ IF YES, EXPLAIN: _____

CD DISPOSITION (circle) : **HOLD FOR PICK-UP** **RETURN** **DISCARD**

RECEIVED BY: _____ DATE: _____