



BRIGHAM AND WOMEN'S HOSPITAL

PATIENT IDENTIFICATION

REQUEST FOR OUTSIDE IMAGING STUDY CD IMPORT INTO PACS

1. Please **complete** the following demographic information:

Physician Requesting: _____

Requestor Phone/Beeper: _____

Patient Name: _____

Patient DOB: _____

BWH MRN: _____

Date Requested: _____

Outside Hospital: _____

2. (a) Import all exams on the CD (check box): **OR**

(b) Exam to be imported into Centricity PACS (CT/MRI/PET-CT etc.):

Exam Type: _____ Exam Date: _____

Exam Type: _____ Exam Date: _____

Exam Type: _____ Exam Date: _____

Exam Type: _____ Exam Date: _____

Exam Type: _____ Exam Date: _____

Exam Type: _____ Exam Date: _____

For Imaging Services Use Only:		
Accession#	Q/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. Please place CD in folder and deliver to the BWH Medical Information Center.

*** ALL CDS WILL BE DESTROYED AFTER THEY ARE IMPORTED INTO PACS UNLESS SPECIFIED UNDER SPECIAL INSTRUCTIONS.**

4. Special Instruction: _____

For Imaging Services Use Only:	
Date Received: _____	Date Processed: _____
Processed by: _____	Time to Process: _____
Q/A by: _____	Time to Q/A: _____
Comments: _____	