

**PENN STATE HERSHEY MEDICAL CENTER
 REVIEW OF OUTSIDE RADIOLOGY EXAM
 ATTENDING PHYSICIAN REQUEST ONLY**

Patient Name: _____
MRN: _____
Date of Birth: _____
Provider Name: _____
Insurance Name: _____

***** EXAM MUST BE PRE-LOADED INTO GE CENTRICITY PACS FOR A FORMAL RADIOLOGY REVIEW *****
***** WE WILL NOT INTERPRET STUDIES MORE THAN 6 MONTHS OLD *****

I (requesting physician) understand that a professional fee for interpretation of this exam will be charged to the insurance carrier. If the claim is rejected, the patient may be financially responsible for this service.

Why are you requesting review of the outside radiology exams?
 Outside report is unavailable
 Outside report is available but request a 2nd opinion
 Other _____

Clinical History:

Provider Name (printed): _____
Signature (Attending signature required): _____

Patient Status: Pediatric (< 18 years old) Adult (≥ 18 years old)

Modality	Exam Information
CT <input type="checkbox"/>	Exam Date:
MRI <input type="checkbox"/>	GE Exam Accession #:
Plain Films <input type="checkbox"/>	Additional Comments:
Ultrasound <input type="checkbox"/>	
PET-CT <input type="checkbox"/>	
Nuc Med (not PET-CT) <input type="checkbox"/>	
Other (see comments) <input type="checkbox"/>	

Radiologist with whom you informally consulted on this case (if any): _____

Patient may contact a price quote specialist at 717-531-3805 to obtain professional charge information.

Fax completed form and outside report (if available) to 717-531-0209.