INCOMPLETE EXAMS / PATIENT CALLBACK FORM

Today’s Date __________________________ Date of Exam(s) __________________________

PATIENT NAME______________________ MRN# __________________
Or attach label(s)
ACCESSION #(S) _______________ EXAM (S) ORDERED _______________

To be completed by Tech: Tech completing form
☐ PT NOT to Return ☐ PT to Return Preferred Date and Time of Return
PT informed by __________________________ Date of Call __________________________
Dr’s Phone # __________________________
Dr informed by __________________________ Date of Call __________________________

Reason for Incomplete Exam/Callback (please include detail below):
☐ Patient Motion/Discomfort ☐ Equip/Technical Problem ☐ Artifact on Scouts/Localizers
☐ Tech Error (wrong exam/seq) ☐ Wrong Exam Ordered ☐ Protocolled incorrectly (attach)
☐ Additional Views Requested ☐ Other PROTOCOLS MUST ACCOMPANY FAX
Details

Exams to be repeated on return: ☐ Same as Ordered Above ATTACH OLD PROTOCOL FORM
☐ New Exam(s)/Additional exams/sequence(s) requested COMPLETE NEW PROTOCOL FORM
Exams to be done (if no protocol to attach (Gen Rad, US, NM) __________________________
Tech Notes __________________________

To be completed by PAS/ Scheduler (OR TECH FOR INPATIENTS):
Scheduled Date/Time of Pt Return __________________________ New Accession #(s) _______________
Scheduled by __________________________ Date scheduling return __________________________
Scheduling Notes __________________________

To be completed by Billing Staff:
Credit/Adjustment Issued: YES ☐ NO ☐ Date of Credit/Adjustment __________________________
Exam(s) Credited/Adjusted __________________________
Billing Notes __________________________

SEE BACK OF FORM FOR INSTRUCTIONS Rev. 8/05