



## DEPARTMENT OF RADIOLOGY

**CRITICAL FINDING REPORT: REFERRING AND ORDERING PHYSICIAN NOT IMMEDIATELY AVAILABLE**

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

MODALITY: \_\_\_\_\_ DATE/TIME OF EXAM: \_\_\_\_\_

REFERRING/ORDERING PHYSICIAN: \_\_\_\_\_

MR#: \_\_\_\_\_ ACCESSION NUMBER: \_\_\_\_\_

PATIENT TYPE: ER  OP  IP  Discharged IP

URGENCY LEVEL: Needs Follow-up  Urgent  Critical

Critical Finding(s):

### STATUS

Contact failed, given to Director's Office Staff for follow up

Given to Administrator on Duty for follow up

RADIOLOGIST SIGNATURE \_\_\_\_\_

### FOR DIRECTOR'S OFFICE STAFF USE:

REPORTED TO: \_\_\_\_\_

PRIMARY CARE PHYSICIAN OR DESIGNEE NAME \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_