Fill Patient packet info for the next day

Jump to-Choose Modality-Choose Location-Choose day of appt-
Check boxes: Pt name, MRN, Modality/Procedure, appt note, DOB, Assess#, Ref MD, Pts phone #

What to put in Packet?

MRI

Everyone needs screen form
If Spine needs questionnaire
If Breast, need worksheet for breast MRI
If w/contrast consent
NP-HIPAA yearly/financial responsibility
*If 60-years old or older need creatinine level, call if not here within 90 days of exam

CT packets

Pt demographics if new patient
If w/wo contrast consent
Financial responsibility form
NP-HIPAA yearly/financial responsibility
*If 60-years old or older need creatinine level, call if not here within 90 days of exam

Mammogram

If w/breast augs (breast implant consent)
Pt demographics if new patient
NP-HIPAA yearly/financial responsibility

Ultrasound

If breast- breast worksheet
Pt demographics
NP-HIPAA yearly/financial responsibility

Biopsy

Give to tech:
Copy of pic ID/Insurance
Pt demographics