

PATIENT REFERRAL FORM
REQUEST FOR RADIOLOGY IMAGING & REPORTING

University of Pittsburgh; UDHS Imaging Service
Phone: 412-648-8612
Fax: 412-383-9142

Just the report only

AREA(S) OF INTEREST/ CLINICAL INFORMATION

SPECIAL INSTRUCTIONS: _____

Is the patient coming with a Radiographic template: Yes No

Diagnostic model scanning needed: Yes No

Secure, HIPAA compliant online transfer/shared folder (Recommended)

Other (CD and flash drives can be used to send reports and images if online transfer is not feasible)

Doctor's email: _____

For information on reporting, prices, how to send images, or billing information please call 412-648-8612 or 412-648-8633.

Doctor's Signature Date

Radiologic Consultation provided by:
UDHS Imaging services
University of Pittsburgh; School of Dental Medicine
Pittsburgh 15261