Hidden Fields - normally invisible and read only but shown he for discussion PartnerFormName Partner Form Signature	Recipe Recipe Param Fields	RemoteM	Ideality	Details Behind this Form: 1) selected studies to transfer fror local modality to medcommons 2) medcommons to transfer to rer modality as indicaed in 'Remote Modaility' hidden field	
TemplateName		SpecialM ons	lodalityInstructi	 medcommons to advise availal via email all indicated into 'CopyT fields 	bility o'
·	Cı	istomizable S	ection		
TRACKING	Me	dCom	mons		
NUMBER	IVIC				
		(Sec.)			2
Instructions for Use:		Last Name	Firs	MI Pref	
Card Info Enter Study Info, or l	Enter Patient and Cro Paste from Selection S				
Sign Your Name Press Submit	Account ID	City		St ZIP	
		DOB	M/F	SSN	
		•			
24.5					
Patient Study ID	Date/Time	Description	Status		
Num	Exp				
	Amount		Send Copy to:		
	Тах	3			
	Total Charge				
Signature					