PartnerFormName

Recipe

RemoteModality
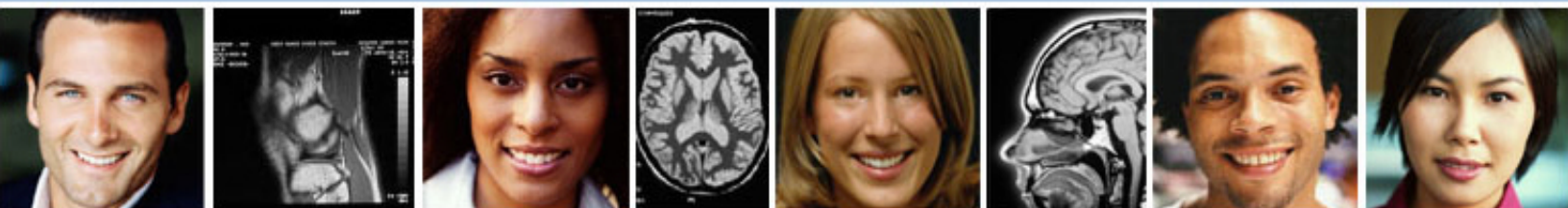
Partner Form Signature

Recipe Param Fields

TemplateName

MedCommons Template Signature

Details Behind this Form:
1) selected studies to transfer from local modality to medcommons
2) medcommons to transfer to remote modality as indicaed in 'Remote Modaility' hidden field
3) medcommons to advise availability via email all indicated into 'CopyTo' fields

Customizable Section

MedCommons

Account ID

Last Name
First
MI
Pref

Address 1

Address 2

City
St
ZIP

DOB
M/F
SSN

Instructions for Use:

Enter Account ID, or Enter Patient and Credit Card Info
Enter Study Info, or Paste from Selection Screen
Sign Your Name
Press Submit

Patient	Study ID	Date/Time	Description	Status

Num
Exp

Amount

Send Copy to:

Tax

Total Charge

Signature