

## Primary or Secondary Findings Communication

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**Date:**

**To:**

**From:** - Chief Medical Officer

After undergoing expert review the following patient study was determined to contain additional findings:

**Institution:**

**Patient Name:**

**Patient ID:**

**Date of Birth:**

**Accession Number:**

**Date of Study:**

**Study Description:**

**Report Accuracy Comments:**

**Additional Comments:**

As this may affect patient care, require further evaluation and/or follow-up, these findings need to be discussed with the referring physician/onsite radiologist as soon as possible.

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### Call Details

**Physician Taking Call:**

**Date & Time of Call:**

**Call Notes:**

**Communicated by:**

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If you have any questions or comments regarding this matter, please call Fortis Qualitas QA at 480-409-1882.

