

PRIMARY OR SECONDARY FINDINGS COMMUNICATION

To:		
From:	om: , Chief Medical Officer	
lfter under	ndergoing expert review the following patient study was determined to contain	additional findings:
Institut	titution:	
Patient	tient Name:	
Patient	tient MRN:	
Patient	tient DOB:	
Study Description:		
Date & Time of Study:		
Report	port Accuracy	
Comm	mments:	
Additio	ditional Comments:	
	may affect patient care, require further evaluation and/or follow-up, these fine referring physician/onsite radiologist as soon as possible.	dings need to be discussed
all Detail	etails	
Physic	ysician Taking Call:	
Date &	te & Time of Call:	
Call No	Il Notes:	
Comm	mmunicated by:	

If you have any questions or comments regarding this matter, please do not hesitate to contact Cornerstone

Quality Assurance by calling 877-817-5706.