

Emergency Department
Follow Up Notification For Radiology/Lab Results

Patient Name _____ MR # _____

Date Of Visit _____ Telephone () _____

Type Of Results Requiring Review Radiology Lab Other _____

Initial Case Manager Review

Results Reviewed By _____ Date/Time _____
(Signature)

Record Requested By _____ Date/Time _____
(Signature)

To Doctor's Box For Review _____ Date/Time _____
(Signature)

Reviewing Physician's Recommendations _____

Signature _____

Case Manager Completing Recommended Action

Date/Time Action

_____/_____ No Action Required Per Physician

_____/_____ Chart Faxed To Dr. _____, Fax # _____

AND

_____/_____ Patient Contacted/Instructed On Recommended Action

OR

_____/_____ Unable To Contact Patient On First Attempt - Letter Sent

_____/_____ Chart Copied (Include This Sheet) And Place In Call-Back Book

_____/_____ Prescription Called To _____

Name And Phone Of Pharmacy

Signature _____ Date/Time _____

Return Chart To Coding Box In Triage