

Critical Results Notification Form

Orderin	g Faci	lity Name/Location: □	Ann Arbor ∟Livingst	on □Chelsea □Livonia □Oa	akland	
For An	ın Arh	or. Livingston and/or Cho	elsea return form to 73.	4-712-3053 For Livonia return form	n to 734-655-8531	
101741		_		form please contact 734-712-3085		
•	Onl	y one form required if sa			-	
•		sing a different device for	•			
•		BOLD sections are require	· •	·		
Exa		dering Practices: Do you				
Clinicia	an In	formation				
				. Dh		
				Office Phone#: Contact Phone #:		
		t Address:				
				Zip Code:		
E-mail:						
Radiol	ogy	Notification **	How you will be not	ified for your critical results*	**	
Questio	ns 1-3	3 must be filled out; 4-5	optional, if applicable t	o your practice		
1.		l Results (response requi				
		Pager				
		Text Message to Smart	Phone with link/pin or	Text Message to cell with callback/	pin pin	
_						
2.	_	inge Result (response red	quired within the same	day)		
		Same as Red Results Pager				
		ŭ	Phone with link/pin or	Text Message to cell with callback/	'pin	
			, , , , , , , , , , , , , , , , , , , ,	,		
3.		ow Result/Nodule Resul	· · ·	•		
	_	Same as Red Results				
		Pager	Dhana with link/nin ar	Tout Massage to call with callback	Inin	
		_	Priorie with link/pin of	Text Message to cell with callback/	pili	
	_	Lillan	**Details for devi	ce selection**		
Pac	or #.			r Carrier:		
				Carrier:		
CCI						
ΔF	Racku	p Device (Not required)				
7		Pager #	Page	er Carrier:		
				Text Message to cell with callback/		
		Phone #:	Pho	ne Carrier:	<u></u>	
		Email Address:				
		Fax #:				
5. <i>A</i>	After I	Hours Notification **ava	ilable from 1700 hrs un	til 0800 hours** (If different than b	ousiness hours)	
				Time:	•	
		Pager #	Page	er Carrier:		
		-		Text Message to cell with callback/	pin	
		Phone #:	Cell	Carrier:		