



Community/City

- Checkboxes for community/city options: BET, UTQ, DLG, ENA, ILI, JUN, KDK, KTN, MCG, MET, OME, OTZ, SIT, SNP, YAK, and Other.

Form box containing 'FIN' and 'Completed by ANMC ANMC DICTATION #'

ORTHOPEDIC TELERADIOLOGY Fax to 907-729-1789

- URGENT: A phone call to Ortho Field Support surgeon is required. M-F from 8am-5pm: Call the ANMC Ortho Field Support office at 907-729-1791. After 5pm and on weekends: Call the ANMC operator at 907-563-2662 to contact the on-call surgeon.
ROUTINE: Routine telerads received outside of M-F, 8am-5pm will be reviewed the next business day.

- NEW CONDITION: Ortho has never been consulted for specific injury.
FOLLOW-UP: Existing condition with previous consult.

PATIENT

Name ANMC Chart #
Date of Birth Phone

CLINICAL HISTORY

Include specific question for consulting orthopedic surgeon and adequate detail to assist in making medical decisions.

Date of Injury Date of Exam/X-Ray
Mechanism of Injury

CLINICAL EXAM

Specific Body Part(s) Laterality
Neuro status/exam Vascular/Perfusion
ROM Wound/Incision status
Point tenderness (specific location)
Other

PROVIDER Complete information is required for ALL submissions

Referring Provider name RN PA MD DO NP Case Manager
Provider NPI #
Direct phone Hospital/Department phone