Faxing Report from Merge

Last Modified on 06/16/2022 10:45 am EDT



Faxing Report from Merge

What Can I Fax to a Physician's Office ONLY:

- Mammogram
- Breast Ultrasounds
- General Ultrasound/Sonogram
- OB Ultrasound/Sonogram
- CTs (Excluding CT-Cardiac Scoring)
- Fluoroscopy
- HSG
- X-Ray
- MRI

NOTE: If request is for any other exam types (bone density, cardiac scoring, or biopsy/needle localization, etc.), transfer the caller to the Center.

What do I do:

1. Locate patient in Merge

2. From the "Patient File" tab, double-click on the requested appointment

Status	Date	Jacket	Exam	Description	Loc.
Order	01/23/2018 8:04 AM		STHY	US THYROID	2141K
Order	01/22/2018 4:35 PM		3D M ASP	MAMMO 3D SCREENING WITH PRIORS	2141K
Order	04/06/2015 7:57 AM		STHY	US THYROID	2141K
CheckOut	08/12/2011 3:20 PM	565735	MASN	MAMMO SCREENING WITHOUT PRIORS	2141K
Cancel	12/20/2010 1:20 PM	565735	MASN	MAMMO SCREENING WITHOUT PRIORS	2141K
Cancel	12/14/2010 1:20 PM	565735	MASN	MAMMO SCREENING WITHOUT PRIORS	2141K
Cancel	12/14/2010 11:40 AM	565735	MASN	MAMMO SCREENING WITHOUT PRIORS	2141K

3. Click on the "Exam Details" tab

emographics	Patient Deta	ails Polici	ies Visit	Info Exam Details	Labs	eRx Audit	Trail	
Jacket No.	D.O.S	OrderNum	Exam	Procedure Radio	logist Sta	tus Prior	ity Rpt	. ID
565735	08/12/2011 3:27 PM		MASN	G0202-4- SCREENING MAMMOGRAM DIGITAL WO PRIORS	SUSSAN SADEGHI MD	Approved	N/A	82.4916
565735	08/12/2011 3:27 PM		MASN	77052-CAD FOR MAMMOGRAPHY SCREENING	SUSSAN SADEGHI MD	Ended	N/A	

4. Select the exam containing the report that is being requested (will highlight blue)

NOTE: If multiple exams were performed under the same accession, each exam report will need to faxed individually

Jacket No.	D.O.S	OrderNum	Exam	Procedure Radio	logist Stat	us Prior	ity Rpt.	ID
565735	08/12/2011 3:27 PM		MASN	G0202-4- SCREENING MAMMOGRAM DIGITAL WO PRIORS	SUSSAN SADEGHI MD	Approved	N/A	82.4916
565735	08/12/2011 3:27 PM		MASN	77052-CAD FOR MAMMOGRAPHY SCREENING	SUSSAN SADEGHI MD	Ended	N/A	

5. At the bottom of the screen, click on "Distribution"

Payment	\sim	Che	ck	
		14.0		
ASSOCIATION LETTER HISTORY	DISTRIB	UTION	AMMOGRAPHY	APPT FLOW

5. At the bottom, click on "New"

COMPLETE	CANCEL	NEW	TRANSMIT

6. Selecting who to fax to:

- If the referring MD is requesting the report, use drop down to select name
- If it is a new physician, select "Free Form" and enter the name of the recipient

Recipient	Free Form	~
Free Form	Test	

7. Change distribution method to "Fax", enter or verify fax number

Attp://risapp/?patientId	=193771&visitId=89.226811	
Recipient	Free Form	✓
Free Form	Test	
Distribution	Fax	✓
Value	7035732318	×
No. of Copies	1	
	COMPLETE CANCEL	



NOTE: If you are sending to a physician other than the referring physician, go to comments and add a comment with the name of the person and physician requesting the report as well as the fax number.

EDITED: 06/16/2022