SGRA PACS Correction Form

Please attach form to OhMD thread or FAX to **912-304-5814**

Study A Details

Medical Record Number

Facility Name

Accession Number Study

time & date

No of images

....

Study B Details (if necessary)

Medical Record Number

Facility Name

Accession Number Study

time & date

No of images

....

Problem Type

Description of problem

Eg Images scanned under
incorrect patient. Images re-
assigned, resent to correct patient
and checked on PACS. Delete
images 5 and 7 for Patient B

	Patient A	Patient B
Number of images in the study after correction		

Reported by

Date
Eg 28/01/1999

Contact Phone #

Date received

Actioned

Completed

PACS Member

Date Completed

PACS team comment