



## ONRAD Discrepancy Form

<b>Patient Name</b>	
<b>MRN#</b>	
<b>Date of Exam</b>	
<b>Exam Type</b>	
<b>INFORMATION ONLY</b> Additional Findings for information only.	
<b>MINOR DISAGREEMENT</b> Discordant findings that do not have a significant effect on patient management.	
<b>MAJOR DISAGREEMENT</b> Significant discordant findings that may have untoward effects on patient outcome.	
<b>Please describe any known follow up:</b>	
<b>Local Radiologist</b>	
<b>Date</b>	
In addition to this form please send the original report and if possible the local Radiologist' report. Please Fax all documents to 951-344-8296 or Email to qa@onradinc.com	