



Department of Radiology  
The University of Iowa Hospitals and Clinics

## Archive Correction

Section 1: Notification

Notify ordering physician **IMMEDIATELY** if exam is sent with *wrong patient identification or wrong lt/rt marker* and complete information in section one.

Ordering physician/pager # \_\_\_\_\_ Date/Time contacted \_\_\_\_\_

Did the physician begin treatment based upon incorrect information? Yes No

If yes, describe treatment given \_\_\_\_\_

Section 2: Correction Information

### Incorrect Patient Info / Patient to be Deleted from Archive

Patients Name: \_\_\_\_\_

Hospital # (w/check digit): \_\_\_\_\_

Order #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Exam time: \_\_\_\_\_ Exam Room #: \_\_\_\_\_

Name of Exam: \_\_\_\_\_ Name of Tech: \_\_\_\_\_

### Correct Patient Info

Patients Name: \_\_\_\_\_

Hospital # (w/check digit): \_\_\_\_\_

Order #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Exam time: \_\_\_\_\_ Exam Room #: \_\_\_\_\_

Name of Exam: \_\_\_\_\_ Name of Tech: \_\_\_\_\_

Section 3: Describe Error

### Description of Problem or why it has to be deleted:

Incorrect patient selected  
Exam sent wrong

Marked incorrectly left/right  
Incorrect exam sent

Marker not on film  
Incomplete exam sent

Other (describe) \_\_\_\_\_

Your Name / Date \_\_\_\_\_ **\*\*initial below when completed**

System 5 \_\_\_\_\_ Image Viewer 1 \_\_\_\_\_ Image Viewer 2 \_\_\_\_\_