ALASKA NATIVE MEDICAL CENTER

ANMC Orthopedics:
Hospital Operator: (907) 563-2662
Field Support Direct: (907) 729-1791

ANMC Hospital:
Toll Free: (855) 482-4382
Local: (907)563-ANMC (2662)

CIRCLE REGION/CITY:

BET BRW DLG ENA ILI JUN KDK KTN

MCG MET OME OTZ SIT SNP YAK

Other: _____

FIN (Completed by ANMC)

ANMC Dictation Number
(To Be Completed by ANMC MD)

ORTHOPEDIC TELERADIOLOGY

Fax to: **(907) 729-1789**

TYPE OF REQUEST:

☐ EMERGENT/URGENT
- For emergent/urgent cases occurring M-F from 8am-5:30pm, **phone call** to Field Support Surgeon **is required**.
- **After 5:30pm and on weekends**, please call ANMC operator to contact **Orthopedic on-call surgeon**.

☐ NON-URGENT
-Non urgent telerads received outside of M-F, 8am-5:30pm hours will be reviewed the next business day.

☐ NO CONSULTATION (FYI ONLY)

Patient Name: _____ **ANMC Chart #:** _____

Patient Date of Birth: ____ / ____ / _____ **Patient telephone #**_____

☐ **New Condition** (Ortho has never been consulted for specific injury) ☐ **Follow Up** (For existing condition with previous consult)

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 description required.

_____

_____

_____

_____

_____

Clinical Exam:
Neuro status/exam: _____ **Vascular/Perfusion:** _____

ROM: _____ **Wound/incision status:** _____

Point tenderness (specific location): _____

Other: _____

Helpful documents included: ☐ Radiology report ☐ Clinical notes ☐ Clinical photos

(** COMPLETE INFORMATION IS REQUIRED FOR ALL SUBMISSIONS **)

Referring Provider Name: _____ RN / PA / MD / DO / NP / Case Manager

Provider NPI Number: _____ ***(DO NOT SKIP)***

Direct Phone Number: (____) _____ - _____ Hospital/Department Phone Number: (____) _____ - _____
(Direct Numbers preferred)