UTHealth Science Center of Houston
Diagnostic and Interventional
Imaging 6431 Fannin Street, MSB
2.130B Houston, Texas 77030

Phone: 713-500-7702
Fax:713-500-7710

Physician Second Read Order Form

Patient Information

Date

Name (Last, first, middle initial)

Date of Birth

Street address, City, ST, ZIP Code

Social Security # or Patient ID

Primary phone number | Other phone number

Email address

Insurance Name

Insurance ID

Insurance Group Number:

Type of Request – Referral for Second interpretation on outside imaging study

Specify exam for second opinion

Date of original exam

Clinical indication for original study

Diagnosis code

Indication for second Opinion interpretation

Physician Signature

Date

Physician name:

Street address, City, ST, ZIP Code:

Phone #: Fax #:

Images sent via:

☐ CD to be uploaded ☐ Image gateway ☐ UT PACS / MH PACS

Attach additional documentation as applicable.

For Administrative Use Only:

Date received

Action taken

Once the order is scanned into the EMR, kindly destroy confidential information appropriately.