



ONRAD, INC. "Your Remote Radiology Partners"
1770 Iowa Ave. Suite 280, Riverside, CA 92507. Phone: 951-786-0801

"Onrad. Inc. Discrepancy Form"

Patient Name: _____

MR# _____

Date of Exam: _____

Examination Type: _____

-INFORMATION ONLY. Additional Findings for information only

-MINOR DISAGREEMENT: Discordant findings that do not have a significant effect on patient management.

-MAJOR DISAGREEMENT: Significant discordant findings that may have untoward effects on patient outcome.

Please describe any known follow up:

Local Radiologist NAME: _____

DATE: _____

In additional 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** documents to **qa@onradinc.com**