



Interoperability Referring Practice Onboarding Form

Following form needs to be filled out and submitted to Akumin Interoperability team at it-interops@akumin.com for referring physician sites that are interested in integration with Akumin Radiology operations.

Referring Provider Information			
Referring Site Name			
Referring Site Location <i>Street</i>	City	State	Zip Code
Referring Site's EMR/HER/RIS			
Referring Site's PACS <i>(if applicable)</i>			
Referring site's preference of submitting image order scripts <input type="checkbox"/> Fax <input type="checkbox"/> Phone to live scheduler for site <input type="checkbox"/> Portal (Digital One) <input type="checkbox"/> HL7 interface <input type="checkbox"/> Direct Message via HISP <input type="checkbox"/> Print from EMR (Digital One Order Caddy)			
Referring site's preference for receiving results <input type="checkbox"/> Fax <input type="checkbox"/> To local Printer <input type="checkbox"/> Direct into EMR (Non HL7) <input type="checkbox"/> Portal (Digital One) <input type="checkbox"/> Local Folder Share (Digital One Desktop Delivery) <input type="checkbox"/> Direct Message via HISP			
Referring site's preference on viewing patient images:			
Additional Notes/Comments:			

Referring Provider Site Point of Contact for Testing/Setup	
Name	Title
Email	Phone
Name	Title
Email	Phone
Name	Title
Email	Phone
Name	Title
Email	Phone



List of Referring Physicians <i>(If list exceeds allotted room below, please submit spreadsheet)</i>				
First Name	Last Name	Suffix	NPI	Email

Akumin Team Information		
Position	Name	Phone
Account Executive		
Manager of Operations		