



# Interoperability Referring Practice Onboarding Form

Complete this form and email it to the Akumin Interoperability Team at [it-interops@akumin.com](mailto:it-interops@akumin.com)

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>			
<b>Referring site's preference of submitting image order scripts</b> <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)			
<b>Referring site's preference for receiving results</b> <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



