Name of Policy: **Modification of Radiology Request** THE UNIVERSITY OF TOLEDO MEDICAL CENTER **Policy Number:** 3364-135-062 **Department:** Radiology Chief Operating Officer - UTMC Approving Officer: **Effective Date:** 5/1/2023 Responsible Agent: Chairman & Professor, Radiology Scope: Radiology Initial Effective Date: 4/19/1982 New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

## (A) Policy Statement

Any modification to, or cancellation of an outpatient exam(s) requested by a referring physician will require a new order from the referring physician with a signature, time, and date.

Any modification to, or cancellation of an inpatient order will be obtained by informing the nurse in charge of the patient and generating a revised order in the RIS.

## (B) Purpose of Policy

To ensure that all radiologic procedures are done as requested by the referring clinician or as modified by the consulting radiologist.

## (C) Procedure

When the attending consulting radiologist or referring physician request that a radiologic procedure be modified or canceled, a revised signed, timed, and dated order will be required.

Approved by:		Review/Revision Date:
		9/24/1990
		7/01/1993
/s/	04/04/2023	4/26/1999
Haitham Elsamaloty, MD	Date	5/01/2002
Chairman & Professor, Radiology		9/26/2005
, 53		5/23/2008
/s/	04/11/2023	5/20/2011
Christine Stesney-Ridenour, FACHE	Date	5/8/2014
Chief Operating Officer - UTMC		5/1/2017
emer operating officer of twice		5/1/2020
		5/1/2023
Review/Revision Completed By:		
Haitham Elsamaloty, MD		
		Next Review Date: 5/1/2026
olicies Superseded by This Policy: M-003	·	·

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