

Applicant's Name:	Completed by:	Date:
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IMAGING CENTERS SUPPLEMENTAL APPLICATION

Please describe the types of imaging performed: _____

1. Is there a formal fall prevention program that identifies high-risk patients? YES NO
2. Is there a policy that forbids elderly or disoriented patients from being left unattended by staff? YES NO
3. Is there a policy or system for properly matching the right patient with the right diagnostic procedure? YES NO
4. Are the results read by an employed or contracted radiologist? Employed Contracted
5. Are the results sent on the facility's letterhead? YES NO
6. Are policies and procedures established outlining the process for communicating the results to the patient and the patient's practitioner (letters, documented phone calls etc.)? YES NO
7. Is there a comprehensive quality assurance/safety program that includes calibrating equipment, identifying operating irregularities, utilizing controls/phantoms, etc.? YES NO

Magnetic Resonance Imaging Services – Please complete the following questions if applicable.

8. Are policies and procedures established regarding patients who cannot be safely scanned by MRI? YES NO
9. Are all patients thoroughly assessed to ensure they can safely undergo an MRI (i.e., patient/surrogate interview, review of medical records, use of an MRI questionnaire, etc.)? YES NO
10. Is there a written and rehearsed procedure for handling cardiac and/or respiratory arrests? (i.e., system shut down, patient removed from area, responding staff cannot enter area, etc.) YES NO

Comments Section:

