



## TUBA CITY REGIONAL HEALTH CARE CORPORATION

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Tuba City, Arizona 86045-0600  
(928) 283.2501

# Memo

To: Referring Facilities and Clinics of Imaging Studies and Procedures  
From: Scott Brannan, MD, Interventional Radiologist, TCRHCC Chief of Radiology  
Date: 9/30/2014  
Re: New Interventional Radiology Service and Streamlined Imaging Study Referral Process Changes in Progress

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Dear Referring Providers,

I would like to introduce myself as the Radiology Department Chief and Interventional Radiologist here in Tuba City. I'd also like to make you aware of some changes and enhancements that we are making in the Department.

We are expanding our Interventional Radiology Services to include procedures such as image-guided biopsies, fistulograms, intervention for hemodialysis access sites, and lower extremity endovascular procedures. For your convenience, we are also streamlining our referral processes and forms.

Upcoming technological enhancements have also made the streamlining of processes for our Radiology Referral Clinic possible. One example will be the transition from manual to automated faxing of imaging study results back to referring providers.

Because of staffing shortages, we will also be making some changes to the Radiology Referral Clinic referral processes. Over the past 4-5 years, the "Radiology Referral Clinic" has been an excellent service provided by our Department in partnership with Family Medicine to ensure patient safety and convenience. Staffing has historically been provided by multiple Family Medicine PAs and NPs. These Providers are needed back in their home clinics full-time, so they will no longer be available to conduct patient consultations prior to each imaging study, ensure that all necessary paperwork is complete or verify that the proper imaging study and any necessary lab work has been ordered and completed for each patient.

In order to continue to provide our patients with the excellent care they deserve, we need your help. We will now be asking you to complete the paperwork that was previously completed by our Midlevel Providers during the consultation appointment and to ensure that all necessary lab work is complete and results are sent along with each referral. Examples of this paperwork include imaging study safety screening, contrast consent, and other secondary forms specific to the particular study of interest.

Our goal is to make it easier for you to refer patients for imaging studies and Interventional Radiologic procedures. We have been working diligently to refine the paperwork and processes, which are now easily accessible to you from the TCRHCC website: [http://tchealth.org/imaging\\_study/](http://tchealth.org/imaging_study/). We have even provided commonly-used ICD-9 codes, and a list of suggested studies to order for certain diagnoses being investigated. For a short time, we will continue to manually fax the imaging reports back to you until our automated system is put into place. We will personally notify you with any urgent or critical findings.

We ask that you **please complete the following referring provider information form**. We need this information in order to schedule your patients' appointments, process billing, and contact you with imaging study results. Once your information is in our system, you will not be required to include it on each referral, unless there is an update to be made.

Once again, all of the ordering forms, imaging ordering guides, and patient instructions you will need are conveniently posted on our Internet website at: [http://tchealth.org/imaging\\_study/](http://tchealth.org/imaging_study/). Sheryl Seschille, our MSA, can also assist you with any questions you may have in regards to what you should include with your complete referral. **You may call Sheryl at (928) 283-1445.**

We appreciate your patience and understanding during this transitional period. Please feel free to email me with any feedback, questions or concerns regarding our new processes and services. We look forward to continuing to serve our patients together, with you.

Sincerely Yours,



Scott M. Brannan, M.D.  
Chief of Radiology  
Tuba City Regional Healthcare Corporation  
[Scott.Brannan@tchealth.org](mailto:Scott.Brannan@tchealth.org)

# Fax or Email: ( \_\_\_\_\_ Total Pages)

**To:** Sheryl Seschille, TCRHCC Radiology Scheduling MSA

**Phone:** (928) 283-1445 **Fax:** (928) 283-1447 **Email:** Sheryl.Seschille@tchealth.org

**From:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re:** Referring Provider Information

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**Ordering Provider's Information:**

**Printed/Typed Name and Credentials:** \_\_\_\_\_

**NPI# (10 digits):** \_\_\_\_\_

**Active State License:** Number: \_\_\_\_\_ State: \_\_\_\_\_

**Preferred Method of Contact for TCRHCC Reporting of Urgent or Critical Results to you:**

Phone Call    Cellular Text Message    Email    Other: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  This is a cellular phone

**Email:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Complete and Submit this page once for EACH Medical Facility and/or Department from which you will be Initiating TCRHCC Imaging Referrals.**

Medical Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Department/Clinic Phone Number: \_\_\_\_\_

Facility Fax Number (Non-Urgent Reports): \_\_\_\_\_

Are you a Permanent or Temporary Staff Member or this Facility / Department (circle)?

Permanent  Temporary

If Temporary, when does your assignment end? \_\_\_\_\_ (date)

**Back-up Provider Contact Information:**

(Back-up Provider must be located at the same Facility):

When you are on vacation, when your temporary assignment has ended, or when you are not able to be successfully contacted within 20 minutes, you want urgent/critical reports to be called in to:

the \_\_\_\_\_ Service/Department Provider on Call

Phone to be connected to the provider on call: \_\_\_\_\_

\_\_\_\_\_  
(Back-up Provider Name, Credentials, Department at the Same Facility as Referring Provider)

Phone Call  Cellular Text Message  Email  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_  This is a cellular phone

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*Note: Non-urgent study results will continue to be faxed to your attention, at the facility fax number, even when you are on vacation or no longer working at the facility. Your facility is responsible for making arrangements, as necessary, for the reviewing/processing of these results, in your absence.**

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Referring Provider attests that the above information is correct and will be updated immediately, as changes occur.*

Back-up Provider Signature (as applicable): \_\_\_\_\_ Date: \_\_\_\_\_

*The Back-up Provider attests that the above information is correct and will be updated immediately, as changes occur.*