



HEALTH CENTER
Radiology Department

To schedule an appointment please call 578-8777

This form must be received prior to scheduling of an appointment.

Digital X-Ray Agreement

Doctor of Chiropractic,

Please make sure that you understand the information contained in this agreement **PRIOR** to scheduling your patients for digital x-rays at Sherman College of Chiropractic Health Center.

Please note: Sherman College no longer produces x-rays on film.

When your patient's digital x-rays are taken at Sherman College, the x-ray department personnel will copy images onto a CD/DVD for your viewing. The software tools that come along with your patient's images on the CD/DVD are basic viewing tools. They will **not** allow you to perform chiropractic line analysis on the CD/DVD. In order to perform line analysis, take measurements, make annotations, etc., these images must be imported to a computer that has special chiropractic analysis software installed. This chiropractic analysis software may be purchased from any company that markets such software. The software must be DICOM* conformant.

If you choose to have your patient's digital x-rays taken at Sherman College of Chiropractic Health Center, please be aware that **we will provide technical services only**. Sherman College x-ray department personnel will only be responsible for the production of your patient's images. **Sherman College x-ray department personnel will NOT:**

- Interpret your patient's images for pathology
- Be held responsible for identifying or diagnosing any abnormalities or conditions
- Provide consultation services to the patient

Initials: _____

Scheduling Patients:

Prior to scheduling patients, this agreement must be on file at Sherman College of Chiropractic Health Center.

To ensure prompt service, please have the Digital X-Ray Request Form completed and faxed to Sherman College Health Center at 864-599-4858 prior to the date of the patient's appointment. The patient may present it at the time of the scheduled appointment if necessary. **Without the completed Digital X-Ray Request Form, images will not be taken.**

Please call the Health Center before scheduling the patient for imaging, to verify schedule availability. You may also have the patient call to schedule directly.

NOTE: Sherman College of Chiropractic is an educational institution operating on a quarterly system with four distinct 10 week class sessions.

During the weeks that fall between class sessions, our services to your patients may be limited. The weeks affected typically are the first week of January, last week of March, the last two weeks of June, the first week of July, the last week of September, and the last two weeks of December.

Please understand that we will make every effort to take your patient's images at the time of their scheduled appointment. However, as in any health care facility, unforeseen circumstances sometimes arise that may cause delays. **If your patients are unable to wait past their appointment time, please have them notify the health center receptionist when they arrive. If there is unavoidable delay they will reschedule their appointment and you will be notified.** Your cooperation is appreciated.

Please instruct your patients to check in with the receptionist upon arriving at the Health Center. Have them identify themselves as your patient having imaging done.

Payment for images may be made in the form of cash, major credit card or check. Payment must be made at the time of the patient's x-ray appointment. The current fee is \$15.00 per image. This fee is subject to change. We will attempt to notify you of any foreseen fee increases. Sherman College policies do not allow us to accept or bill your patient's insurance or generate a superbill form for patients who are not members of our facility. We will gladly provide your patient with a receipt.

This agreement allows you to refer as many or as few patients as you need for digital x-rays. This agreement does not bind you in any way to Sherman College, the Health Center or the X-Ray Department. You are not bound to use our services at all, and may terminate the relationship at any time for any reason without notice.

Sherman College, the Health Center and the X-Ray Department reserve the right to discontinue this agreement at any time, providing a minimum of 30 days' notice.

Signature:

I have read and understand the information contained in this agreement. I accept the terms and conditions of this agreement, and chose to have the ability to have my patients' x-ray imaging performed at Sherman College of Chiropractic Health Center.

Referring Chiropractor's Signature

Date

Referring Chiropractor's email address:

Remember to initial the first page, and return both pages to Sherman College of Chiropractic Health Center's X-Ray Department (fax 864-599-4858) before calling (864-578-8777) to schedule your patient's digital x-rays with us.

*DICOM is an information technology standard designed to insure interoperability of systems that deal with healthcare images. DICOM conformance insures that your products can work with current and future imaging modalities and peripheral equipment regardless of vendor. DICOM will be required by all electronic health records systems that include imaging information as a part of the patient record.