

Department		Primary Problem		Clinical Summary Note	If available, provide the following images relevant to request								If available, provide the following labs and reports relevant to request												Other Pertinent Requirements																
					CT	MRI	Xray	US	Digital photographs	BMD scan	Pet scan	Echo Cardiogram	Angiogram	Mammogram	General lab results	Pathology reports	Radiology reports	Microbiology reports	Endoscopy reports	Pap smear	Operative notes	Pulmonary function test	Urodynamic testing	Bone marrow biopsy	Cytogenetic studies	Molecular/genetic tests	Ankle brachial index	EEG	EMG	Stress Test	Radiation Records (Hx)	Pathology Slides*	Smoking history	Allergies	Immunization record	Antepartum records	BRCA Reports	Bone Density Scan			
		Limited Rash		x					▲								3	12																							
		Limited Skin Condition		x					▲								3	12																							
		Lymphoma of Skin		x					▲								3	12																							
		Melanoma		x					▲								3	12																							
		Oral Disease		x					▲								3	12																							
		Other Dermatology		x					▲								3	12																							
		Pediatric Dermatology		x					▲								3	12																							
		Skin Cancer or History of Skin Cancer		x					▲								3	12																							
		Skin Growths or Keratosis		x					▲								3	12																							
		Vasculitis		x					▲								3	12																							
		Warts		x					▲								3	12																							
Endocrinology		Endocrinology		x																																					
GI & Hepatology		Esophageal Disorders:24 PH Study; Esophageal Manometry		x	12	12											12	12	12	12	12																				
		GI Neoplasia		x	12	12											12	12	12	12	12																				
		HB Neoplasia		x	12	12											12	12	12	12	12																				
		Hepatology		x	12	12											12	12	12	12	12																				
		Inflammatory Bowel Disease		x	12	12											12	12	12	12	12																				
		Jaundice		x													12	12	12	12	12																				
		Malabsorption and Failure to Thrive		x													12	12	12	12	12																				
		Motility Disorders: Anorectal Manometry, Pelvic Floor Testing, Transit Studies		x	12	12											12	12	12	12	12																				
		Other GI		x	12	12											12	12	12	12	12																				
		Other Hepatology		x	12	12											12	12	12	12	12																				
		Pancreatic Disorders		x	12	12											12	12	12	12	12																				
Gynecology/Obstetrics		Amenorrhea		x													3																								
		Colposcopy/ Dysplasia		x													3	x	x																						
		Complex Contraceptive Management		x													3																								

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		COS		x														x																						
		Glaucoma		x														x																						
		NeuroOph		x	24	24						24	24					24																						
		Oculoplastics		x	3	3						3	3	3				3																						
		Pediatric (including Peds Neuro)		x	x	x						x	x	x				x																						
		Retina		x	x	x	x												x																					
		Uveitis		x	x	x	x												x																					
Orthopedic Surgery		Foot/Ankle Surgery		x	12	12	12	12				12						x																						
		Hand Surgery		x	24	24	24	24				24	24	24				x																						
		Orthopedic Oncology		x	24	24	24	24	24	24	24	24	24	24				x			24		24					24												
		Orthopedic Spine surgery		x	12	12	12											x									12													
		Orthopedic Trauma		x	x	x	x	x				x	x	x	x			x																						
		Other Orthopedic Surgery		x	x	x	x	x				x	x	x	x			x																						
		Pediatric Ortho Surgery		x	12	12	12		12			12	12	12				x	12																					
		Reconstructive Surgery		x	12	12	12					3		12				x																						
Otorhinolaryngology		Otorhinolaryngology		x																																				
Pain Medicine		Advanced Neuromodulation (Spinal Cord Stimulation, Peripheral Nerve Stimulation- Occipital, Intrathecal Drug Delivery)		x	6	6	6	6				6	6					x																						
		Cancer Pain		x	6	6	6	6				6	6					x																						
		Complex Regional Pain Syndrome (Reflex Sympathetic Dystrophy, Causalgia)		x	6	6	6	6				6	6					x																						
		Failed back Surgery Syndrome		x	6	6	6	6				6	6					x																						
		Other Pain Medicine		x	6	6	6	6				6	6					x																						
		Postherpetic Neuralgia		x	6	6	6	6				6	6					x																						
		Radiculopathy (Cervical, Thoracic, Lumbar)		x	6	6	6	6				6	6					x																						
		Spine (Cervical, Thoracic, Lumbar)		x	6	6	6	6				6	6					x																						
Pediatrics		Pediatric/Adolescent Gynecology		x																																				
		Pediatric Involuntary Movements		x																																				
		Pediatric Spells		x																																				

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		Pediatric Abnormal CXR or CT	x																																				
		Pediatric Asthma Management	x																																				
		Pediatric Chronic Cough	x																																				
		Pediatric Dyspnea/Shortness of Breath	x																																				
		Pediatric Recurrent Pneumonia	x																																				
		Pediatric Cancers	x																																				
		Pediatric Blood Dyscrasias	x																																				
		Pediatric Excessive Bleeding	x																																				
		Pediatric Hemophilia	x																																				
		Pediatric Dermatology	x																																				
		Pediatric Orthopedic Surgery	x																																				
		Pediatric Orthopedic	x																																				
		Pediatric: Mayo Clinic Child Abuse Program	x																																				
		Pediatric (including Peds Neuro)	x																																				
Physical Medicine & Rehabilitation		Physical Medicine and Rehabilitation	x																																				
Psychiatry & Psychology		Alcohol Abuse and Addiction (waiting for guidelines)	x																																				
		Depression (waiting for guidelines)	x																																				
		Other Psychiatry & Psychology (waiting for guidelines)	x																																				
		Pain (waiting for guidelines)	x																																				
Pulmonary		Abnormal CXR or CT	x	24						12									3																		x	x	x
		Asthma Management	x	24															3																		x	x	x
		Chronic Cough	x	24															3																		x	x	x
		COPD Management	x	24															3																		x	x	x
		Interstitial Lung Disease	x	24															3																		x	x	x
		Lung Nodule/Mass	x	24						12									3																		x	x	x
		Mycobacterial Disease	x	24															3																		x	x	x
		Other Pulmonology	x	24															3																		x	x	x
		Pediatric Abnormal CXR or CT	x	x															x																		x	x	X
		Pediatric Asthma Management	x	x															x																		x	x	X
		Pediatric Chronic Cough	x	x															x																		x	x	X

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- 3** = All completed in past 3 months, or pertinent
- 6** = All completed in past 6 months, or pertinent
- 12** = All completed in past 12 months, or pertinent
- 24** = All completed in past 24 months, or pertinent