

CITIZEN'S CHARTER

RADIOLOGY

MAMMOGRAPHY PROCEDURES

STEP		ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	IN						
1	1	REQUEST FORMS EVALUATED AND PRICED/CHARGED.	Please see Mammo Pricelist	Radiology Request form (MAMMOGRAPHY)	5 mins.	Radiologic Technologist	10 mins.
2		WATCHER / PATIENT TO PAY AT CASHIER on scheduled date of procedure or REFER TO SOCIAL SERVICE prior to scheduled date of procedure.	None	Radiology Request Form (MAMMOGRAPHY) and charge slip	5 mins.	Cashier/Social worker	1 hour
3	2	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (MAMMOGRAPHY) ; X-RAY registration form; official receipt or social service action.	5 min	Radiologic Technologist	10 mins.
4	3	DO THE MAMMO PROCEDURES / Secure Informed Consent for Intervention Special Procedure	None	Radiology Request form (MAMMOGRAPHY)	30 mins.	Radiologic Technologist	1 hour
5	4	PROCESS OR GENERATE MAMMO IMAGES THRU COMPUTERIZED RADIOGRAPHY SYSTEM IMAGES	None	Radiology Request Form (MAMMOGRAPHY)	10 mins.	Radiologic Technologist	30 mins
6	5	EVALUATION OF MAMMO IMAGES (QUALITY ASSURANCE), SEND TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (MAMMOGRAPHY)	5 mins.	Radiologic Technologist/ Mammo Radiology Resident Rotator	30 mins
7	6	MAMMO IMAGES READING/ INTERPRETATION AND PROOF READING	None	Radiology Request form (MAMMOGRAPHY); Mammography Result form.	24 hours	Radiologist (Breast Specialist) / Radiology Resident Mammo Rotator	48 hours
8	7	TYPE/ ENCODE MAMMO RESULTS	None	Radiology Request form (MAMMOGRAPHY); Mammography Result form.	5 mins	Radiology Resident Mammo Rotator	10 mins
9	8	RELEASING OF RESULT	None	OPD/ER: MAMMO result, official receipt and Letter of Authorization if necessary. IN: MAMMO result, IN patients receiving Logbook	5 mins	Radiologic Technologist/ Clerk	20 mins

CITIZEN'S CHARTER

RADIOLOGY

X-RAY ROUTINE PROCEDURES

STEP		ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	ER/IN						
1	1	REQUEST FORMS EVALUATED AND PRICED/CHARGED.	Please see x-ray price list	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist	30 mins
2		WATCHER / PATIENT TO PAY AT CASHIER or REFER TO SOCIAL SERVICE.	None	Radiology Request Form (X-RAY) and charge slip	5 mins.	Cashier/Social worker	1 hour
3	2	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (X-RAY) ; X-RAY Registration form; official receipt or social service action.	5 mins.	Radiologic Technologist	10 mins.
4	3	DO THE X-RAY PROCEDURE	None	Radiology Request Form (X-RAY)	30 mins.	Radiologic Technologist	1 hour
5	4	PROCESS OR GENERATE X-RAY IMAGES THRU COMPUTERIZED RADIOGRAPHY SYSTEM IMAGES	None	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist	30 mins
6	5	EVALUATION OF XRAY IMAGES (QUALITY ASSURANCE), SEND TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist/ X-ray Radiology Resident Rotator	30 mins
7	6	X-RAY IMAGES READING/ INTERPRETATION	None	Radiology Request Form (X-RAY)	24 Hours	Radiologist Consultant; Radiology	48 hours
		AND PROOF READING				Resident X-RAY Rotator	
8	7	ENCODE/ SAVE TO FILES	None	Radiology Request Form (X-RAY); X-RAY result form	10 mins.	Radiology Resident X-RAY Rotator	30 mins.
9	8	ISSUANCE OF RESULTS	None	OPD/ER: X-RAY result, official receipt and Letter of Authorization if necessary. IN: X-RAY result, IN patients receiving Logbook	5 min.	Radiologic Technologist/ Clerk	20 mins.

CITIZEN'S CHARTER

RADIOLOGY

X-RAY SPECIAL PROCEDURES

STEP		ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	IN						
1	1	REQUEST FORMS EVALUATED AND PRICED/CHARGED.	Please see X-ray pricelist	Radiology Request Form (X-RAY)	10 mins.	Radiologic Technologist	30 mins
2	2	SCHEDULING OF PROCEDURE	None	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist	10 mins
3		WATCHER / PATIENT TO PAY AT CASHIER on scheduled date of procedure or REFER TO SOCIAL SERVICE prior to scheduled date of procedure.	None	Radiology Request Form (X-RAY) and charge slip	5 mins.	Cashier/Social worker	1 hour
4	3	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (X-RAY) ; X-RAY registration form; official receipt or social service action.	5 mins.	Radiologic Technologist	30 mins.
5	4	SECURE INFORMED CONSENT	None	INFORMED CONSENT	5 mins	Radiologic Technologist/ Radiology Resident XRAY Rotator	10 mins
6	5	DO THE X-RAY PROCEDURE	None	Radiology Request Form (X-RAY)	1 hour	Radiologic Technologist	3 hours
7	6	PROCESS OR GENERATE X-RAY IMAGES THRU COMPUTERIZED RADIOGRAPHY SYSTEM IMAGES	None	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist	30 mins
8	7	EVALUATION OF XRAY IMAGES (QUALITY ASSURANCE), SEND TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (X-RAY)	5 mins.	Radiologic Technologist/ X-ray Radiology Resident Rotator	30 mins
9	8	X-RAY IMAGES READING/ INTERPRETATION AND PROOF READING	None	Radiology Request Form (X-RAY)	24 Hours	Radiologist Consultant; Radiology Resident X-RAY Rotator	48 hours
10	9	ENCODE/ SAVE TO FILES	None	Radiology Request Form (X-RAY); X-RAY result form	10 mins.	Radiology Resident X-RAY Rotator	30 mins.
11	10	ISSUANCE OF RESULTS	None	OPD/ER: X-RAY result, official receipt and Letter of Authorization if necessary. IN: X-RAY result, IN patients receiving Logbook	5 mins.	Radiologic Technologist/ Clerk	20 mins.

CITIZEN'S CHARTER

RADIOLOGY

COMPUTED TOMOGRAPHY PROCEDURES

STEP			ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	IN	ER						
1	1	1	REQUEST FORMS EVALUATED AND PRICED/CHARGED.	Please see CT Scan price list	Radiology Request Form (CT SCAN); Other Medical Imaging Result; For CONTRAST STUDIES: CREATININE Result	10 mins.	Radiologic Technologist/ Radiology Resident CT Scan Rotator	30 mins
2	2		SCHEDULING OF PROCEDURE	None	Radiology Request Form (CT SCAN)	5 mins	Radiologic Technologist	10 mins
3			WATCHER / PATIENT TO PAY AT CASHIER on scheduled date of procedure or REFER TO SOCIAL SERVICE prior to scheduled date of procedure.	None	Radiology Request Form (CT SCAN) and charge slip	5 mins.	Cashier/Social worker	1 hour
4	3	2	SECURE INFORMED CONSENT (Special Procedure)	None	INFORMED CONSENT	5 mins	Radiologic Technologist/ Radiology Resident ULTRASOUND Rotator	10 mins
5	4	3	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (CT SCAN) ; CT SCAN registration form; official receipt or social service action.	5 mins.	Radiologic Technologist	10 mins.
6	5	4	DO THE CT SCAN PROCEDURE	None	Radiology Request Form (CT SCAN)	5 mins.	Radiologic Technologist	1 hour
7	6	5	IMAGES ARE EVALUATED AND PROCESSED	None	Radiology Request Form (CT Scan)	15 mins	Radiologic Technologist/ Radiology Resident CT Scan Rotator	
8	7	6	PROCESS OR GENERATE CT SCAN IMAGES THRU COMPUTERIZED RADIOGRAPHY SYSTEM IMAGES SENT TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (CT SCAN)	5 mins.	Radiologic Technologist	30 mins
9	8	7	CT IMAGES READING/ INTERPRETATION AND PROOF READING	None	Radiology Request Form (CT SCAN)	24 hours	Radiologist CT Scan Consultant; Radiology Resident CT Scan Rotator	72 hours
10	9	8	ENCODE/ SAVE TO FILES	None	Radiology Request Form (CT SCAN); CT SCAN result form	10 mins.	Radiology Resident CT Scan Rotator	30 mins.
11	10	9	ISSUANCE OF RESULTS	None	OPD/ER: CT result, official receipt and Letter of Authorization if necessary. IN: CT result, IN patients receiving Logbook	5 mins.	Radiologic Technologist/ Clerk	20 mins.

CITIZEN'S CHARTER

RADIOLOGY

MRI PROCEDURES

STEP		ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	IN						
1	1	REQUEST FORM AND CHECKLIST & INFORMED CONSENT EVALUATED AND PRICED/CHARGED.	Please see MRI pricelist	Radiology Request Form (MRI); Other Medical Imaging Result; For CONTRAST STUDIES: CREATININE Result	10 mins.	Radiologic Technologist/ Radiology Resident MRI Rotator	30 mins
2	2	SCHEDULING OF PROCEDURE	None	Radiology Request Form (MRI)	10 mins	Radiologic Technologist/ Radiology Resident MRI Rotator	30 mins
3		WATCHER / PATIENT TO PAY AT CASHIER on scheduled date of procedure or REFER TO SOCIAL SERVICE prior to scheduled date of procedure.	None	Radiology Request Form (MRI) and charge slip	5 mins.	Cashier/Social worker	1 hour
4	3	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (MRI) ; MRI registration form; official receipt or social service action.	5 mins.	Radiologic Technologist	10 mins.
5	4	DO THE MRI PROCEDURE	None	MRI Request, Creatinine Result	4 hours	Radiologic Technologist	6 hours
6	5	IMAGES ARE EVALUATED AND PROCESSED	None	Radiology Request Form (MRI)	15 mins	Radiologic Technologist/ Radiology Resident MRI Rotator	30 mins.
7	6	IMAGES ARE SENT TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (MRI)	10 mins	Radiologic Technologist	30 mins
8	7	MRI IMAGES READING, INTERPRETATION AND PROOF READING	None	MRI Findings	5 Working Days	Radiologist Consultant; Radiology Resident MRI Rotator	7 working days
9	8	ENCODE AND SAVE TO FILES	None	MRI Findings	30 mins	Radiology Resident MRI Rotator	1 hour
10	9	ISSUANCE OF MRI IMAGES IN A CD	None	Doctors Request	15 mins	Radiologic Technologist	30 mins
11	10	ISSUANCE OF RESULTS	None	OPD/ER: MRI result, official receipt and Letter of Authorization if necessary. IN: MRI result, IN patients receiving Logbook	5 mins	Radiologic Technologist	20 mins

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ULTRASOUND PROCEDURES

STEP		ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
OPD	IN						
1	1	REQUEST FORM EVALUATED AND PRICED/CHARGED.	Please see ultrasound price list	Radiology Request Form (ULTRASOUND); Other Medical Imaging Result	10 mins.	Radiologic Technologist/ Radiology Resident ULTRASOUND Rotator	30 mins
2	2	SCHEDULING OF PROCEDURE	None	Radiology Request Form (ULTRASOUND)	10 mins	Radiologic Technologist/ Radiology Resident ULTRASOUND Rotator	30 mins
3		WATCHER / PATIENT TO PAY AT CASHIER on scheduled date of procedure or REFER TO SOCIAL SERVICE prior to scheduled date of procedure.	None	Radiology Request Form (ULTRASOUND) and charge slip	5 mins.	Cashier/Social worker	1 hour
4	3	THE REQUEST FORM ARE LOGGED on the day of the procedure (after payment or social service action)	None	Radiology Request form (ULTRASOUND) ; ULTRASOUND registration form; official receipt or social service action.	5 mins.	Radiologic Technologist	10 mins.
5	4	SECURE INFORMED CONSENT (Special Procedure, TVS,TRUS,Breast, Inguino Scrotal ultrasound procedures)	None	INFORMED CONSENT	5 mins	Radiologic Technologist/ Radiology Resident ULTRASOUND Rotator	10 mins
6	5	PERFORMANCE OF PROCEDURE	None	Radiology Request Form (ULTRASOUND);	1 hour	Radiologic Technologist	4 hours
7	6	ULTRASOUND IMAGES ARE SENT TO PICTURE ARCHIVING AND COMMUNICATION SYSTEM	None	Radiology Request Form (ULTRASOUND)	5 mins	Radiologic Technologist	10 mins.
8	7	ULTRASOUND IMAGES READING, INTERPRETATION AND PROOF READING	None	Radiology Request Form (Ultrasound)	1 hour	Radiology Resident ULTRASOUND Rotator	2 hours
9	8	ISSUANCE OF RESULTS	None	OPD/ER: Ultrasound result, official receipt and Letter of Authorization if necessary. IN: Ultrasound result, IN patients receiving Logbook	5 mins	Radiologic Technologist	20 mins