NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

Emergency Services Call Back Record & Quality Control for LWBS
Diagnostic Imaging / Laboratory

Affix Patient Label

Emergency/Urgent Care Staff to Complete:

Name of Patient & Hospital I.D. Number:			Patient Telephone:
Test Ordered:			Date (ddmmyyyy): Time (hhmm):
Name of Physician who ordered test:			☐Medical Directive #_____
Name of Staff Receiving Test Results:			
Test Results:		Enter Results:	Initials
☐ Diagnostic	☐ Laboratory		
☐ Diagnostic	☐ Laboratory		
☐ Diagnostic	☐ Laboratory		
☐ Diagnostic	☐ Laboratory		
☐ Diagnostic	☐ Laboratory		
Emergency Physician was notified: Date (ddmmyyyy): Time (hhmm):			

Emergency Physician to Complete: Call back instructions to be given to patient/family by Emergency Physician **(Emergency Staff to book appointments for clinics).**

☐No call back required ☐Patient to return to Emergency Department

☐Patient to follow up with:

☐Family Physician: _____

☐Fracture Clinic: Days: _____ Date (ddmmyyyy): _____ Time (hhmm): _____

☐Plastics Clinic: Days: _____ Date (ddmmyyyy): _____ Time (hhmm): _____

☐Other/Comments: _____

Completed By: _____ Date (ddmmyyyy): _____ Time (hhmm): _____

Call Back Attempts Charted: (Emergency Staff to Complete)

	Date (ddmmyyyy)	***Time*** (hhmm)	***Comments/Signature***
☐Patient Contacted			
☐Patient Not Home ☐Message Left			
☐No Answer ☐2nd Attempt			

Letter sent to:

☐Patient (Form A) ☐Copies to Family Physician ☐Urgent ☐Non-Urgent

☐Copy of results to Family Physician Only ☐Mail ☐Fax

☐Letter sent by: _____ Date (ddmmyyyy): _____

Physicians Signature: _____ Date (ddmmyyyy): _____

Chart Copy – Do Not Destroy