

How to Submit Radiographs to Awaiting Media for Antech Imaging Services.

- Log onto the site at www.antechimagingervices.com

Click on the Pacs tab on the blue bar at the top, and click on a “Submit Case”.

ANTECH Imaging Services
Office: (877) 727-6800 Fax: (877) 870-4890
Tech support (24/7): support@antechimagingervices.com

Welcome, Dr. Joe Demonstration | version: 5.1 b3
build date: 07.02.2009
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PACS ACCOUNTING USER SETUP HELP

FILTERING OPTIONS
Status Type Date Range
PACS Past 7 Days GO
[Click Here To Expand Filtering Options](#)
Displaying 1 - 0 of 0 All , Last 7 Days Updated On Thursday January 28, 2010 6:36 PM CET

| Actions | Patient/Owner | Species | Hospital/Clinic | Study Date | Modality | # of Images |
|---------|---------------|---------|-----------------|------------|----------|-------------|
|---------|---------------|---------|-----------------|------------|----------|-------------|

Page 0 of 0

This will take you to the Patient Details pages, on this page please fill out all the boxes about the patient. In the clinic/case number selection please use the hospitals unique patient id, this will ensure in the future that any cases you submit for this patient will link together.

PACS ACCOUNTING USER SETUP HELP

Patient Details


Patient Name Owner Last Name Owner First Name
Test * Test * Test

Species Breed Other Breed (if not in breed list)
Canine Airedale Terrier

Clinic/Case Number (case number only is allowed for existing patients)
12345TEST

Send Consult as Dr. Joe Demonstration of Antech Imaging Services Demonstration Center

If you have a selection at the bottom that says Select Practitioner, please click on that and in the pop up box enter in the practitioners name and select them. They click on Submit Query.


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• No patients were found for with your criteria. Creating a new patient for this case

Create/Select Patient And Specialty

Selected Practitioner: Dr. Joe Demonstration of Antech Imaging Services Demonstration Center

Patient Name:
 Owner Last Name:
 Owner First Name:

Species:
 Breed:
 Other Breed (if not in breed list):

Date of Birth:
 Color:
 Sex:

Chip No.:
 Case No.:
 Owner Phone:

Priority & Response Time: hrs

Select Specialty

Select specialties by moving a highlighted specialty from left to right. Order the specialties by using the up-down carats below the right select field.

| Available Specialties | | Current Specialties |
|----------------------------|-----|---------------------|
| Cardiology | <- | |
| Cardiology with Verbal | -> | |
| Clinical Pathology | <<- | |
| Computed Tomography | <+> | |
| Dentistry | | |
| Dermatology | | |
| EKG - Event Monitor | | |
| EKG - Holter Monitor | | |
| EKG - Preop | | |
| EKG - Routine | | |
| EKG - Stat | | |
| Magnetic Resonance Imaging | | |
| Medicine | | |
| Medicine with Verbal | | |
| Oncology | | |

Here you can type in more information about the patient. Then we're going to select the specialty, highlight Radiology and click the single arrow to the right. Once you select the specialty you will see it on the right side under Current Specialties. Click on submit.

Create/Select Patient And Specialty
 Selected Practitioner: Dr. Joe Demonstration of Antech Imaging Services Demonstration Center

Patient Name:
 Owner Last Name:
 Owner First Name:

Species:
 Breed:
 Other Breed (if not in breed list):

Date of Birth:
 Color:
 Sex:

Chip No.:
 Case No.:
 Owner Phone:

Priority & Response Time: hrs

Select Specialty

Select specialties by moving a highlighted specialty from left to right. Order the specialties by using the up-down carats below the right select field.

| Available Specialties | | Current Specialties |
|----------------------------|-----|---------------------|
| Computed Tomography | <- | |
| Dentistry | -> | |
| Dermatology | <<- | |
| EKG - Event Monitor | <+> | |
| EKG - Holter Monitor | | |
| EKG - Preop | | |
| EKG - Routine | | |
| EKG - Stat | | |
| Magnetic Resonance Imaging | | |
| Medicine | | |
| Medicine with Verbal | | |
| Oncology | | |
| PennHIP | | |
| Surgery | | |
| Ultrasound | | |

This will take you to the Consultation Information screen.

You can then write in the history, description of the case, and any private notes you want to let the specialist know.

| Consultation Information | | | |
|--|------------------|--|--------------------------|
| Referring Veterinarian | | Client Information | |
| Dr. Joe Demonstration Antech Imaging Services Demonstration Center 2501 Blue Ridge Road Raleigh, NC Ph (877) 727-6800 Fax (877) 870-4890 Fax Report(s) email: marcus_lowe@darkhorsemed.com | | Case Number: 12345TEST Patient: Test Owner: Test, Test Species: Canine Breed: Airedale Terrier DOB: N/A Sex: U | |
| Date Study Occurred: Thursday January 28, 2010 6:56 PM CET | | Study Type: <input type="text" value="ECG - Routine"/> | |
| Date Submitted: N/A | | Date Due: N/A | |
| Priority: 24 hrs | | Status Pending | |
| Wt: N/A | Temperature: N/A | Pulse: N/A bpm | Respiration: N/A per min |
| edit | | | |
| History | | | |
| | | | |
| Description of the Case | | | |
| | | | |
| Practitioner Comments (private comments to the specialist - these will NOT appear in the report) | | | |
| | | | |

At the bottom of the page there is a section that says Image Lab Association, in that section you need to select Associate Consultation with image lab and in that box when it drops down you click on your selection. Then at the bottom select the “Submit for media to be sent by lab” tab.

Case workflows for consultation

Dr. Jean Betkowski, ACVIM
 Antech Imaging Services - EST
 539 Kelsier
 Cary, NC 27511
 Ph (877) 727-6800
 Fax (888) 893-6797
 email: jbetkowski@earthlink.net

Status: Preliminary
 Specialty: ECG - Routine

Default Modality For Workflow(For DICOM Sends) OT

Image Lab Association

Associate Consultation with Image Lab Antech - Scanning Irvine, Ca, Irvine, CA Image Lab Accession Number:

Send e-mail message to lab(if newly selected)

Submit with no additional media required

Submit and upload (additional) media

Submit for media to be sent by lab

Submit and add media later

Save consult to be submitted later

Cancel Consultation

And a new page will pop up that says Consultation Confirmation. Please print out this page for your records and to send with the images.

Consultation Confirmation for Test/Test

You consult has been saved for media to be added by
 Antech - Scanning Irvine, Ca
 17672 - B Cowan
 Irvine, CA 92614
 Ph (877) 727-6800
 Fax

Consultation #: 426779

| | |
|--|--|
| Dr. Joe Demonstration Antech Imaging Services Demonstration Center 2501 Blue Ridge Road Raleigh, NC Ph (877) 727-6800 Fax (877) 870-4890 email: marcus_lowe@darkhorsemed.com | Case Number: 12345 Patient: Test Owner: Test, Test Species: Canine Breed: Airedale Terrier DOB: N/A Sex: U |
|--|--|

Bill To:
 Antech Imaging Services Demonstration Center
 17672-B Cowan Avenue
 Irvine, CA 92614
 Ph (877) 727-6800
 Fax (877) 870-4890

| | | | |
|-----------------------------|---|--------------------------|----------------|
| Time: Pending Activation | Urgency: 24 hrs | Num Images: N/A | MB Stored: N/A |
| Specialty: ECG - Routine | Specialist: Dr. Jean Betkowski, ACVIM of Antech Imaging Services - EST | | |
| Study Cost: \$ 35.00 | | | |
| | Sub Total: \$ 35.00 | Grand Total: \$ 35.00 | |

[Back To PACS](#)

You are now done and can click on the Back to Pacs tab at the bottom, and this will take you to the main page.

