INTAKE REQUEST

Rad Reformed | Radiology File Triage for Litigation

Complete this form and return it to Rad Reformed. We will confirm your request details with you before you upload any files.

1. YOUR FIRM

Firm name			
Contact name		**Title**	
Email		**Phone**	

2. THE CASE

Case name or reference	
Number of individuals whose radiology you are submitting	
Treating providers (if known)	
Deadline for processing	

Please do not include patient names or medical details on this form.

3. WHAT YOU NEED

☐ **Radiology imaging inventory report and clean, compressed DICOM file** (standard)

☐ **JPEG export of DICOM slices** (optional add-on; we will send a quote)

Notes or special instructions	

4. BILLING

Billing contact		**Billing email**	
PO / reference #		**Phone**	
Claim number (if applicable)			

Your invoice is sent after delivery and is due upon receipt. If you would like a claim number on your invoice, please include it above.

WHAT HAPPENS NEXT

1. Rad Reformed confirms your request. 2. You upload your zipped files to the secure, HIPAA-compliant ShareFile link we send you. 3. We return a clean, streamlined version of your DICOM files and a report of the studies by treating provider through a secure link. 4. We send your invoice.

Return this form to info@radreformed.com or call 210-468-9969.