

How to Order a Radiology Report

Step 1:

Go to <u>www.idtscans.com</u> and choose **Request a Radiology Report** from our homepage.



Step 2:

Log in to your account. Please **Register** if you haven't already done so.



Step 3:

Choose Next – Scan Source

Cating the most	WWW. Home My Profile	idtscans. About Us My Home	COM Services Logout	Support	Knowledge	Base Conta	ct Us 🛛
Back	Exit	Next - Scan Source					
Radiology Repo	ort						
Note: Cost of CT Scan is NO	Tincluded						
This Wizard will help submit	your Order						
Mandatory fields are marked	d with *						
Information is available by cl	licking or hovering over this icc	on :- ?					
You may exit this Wizard and the Exit button.	d restart or select a different V	/izard by clicking					
Please click Next - Scan Sour	rce to get started.						
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Step 4:

Decide how you would like to send your data to IDT

Contraction of the most	Home	dtscans. About Us My Home	COM Services Logout	Support	Knowledge Base	Contact Us
Back Exit		Next - Patient Details				
How will you send the scan? • .zip file via MailBigFile • .xstd, .inv, .spr, .sim or .s1s file • DICOM Uploader • Sent separately via • IDT already has the data	Upload Now Upload Now Upload Now	? ? ? ? ?				
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Example

Select the option most suited to you (.zip is the most frequently used) and select 'Click Here'. Then choose the file you wish to send to IDT Scans.

If you have a single file, you can send it by itself.

If you have multiple files in a folder, please right-click (with the Right mouse button) on the folder, and select 'Send to compressed (zipped) folder'. This will create a single .zip file which you can attach and send.



www.idtscans.com



Mail a Big File to idtscans.com

In Secure Mode 🔒

	Attach Files (maximum file size 2GB)							
U		Browse						
2	Your Email Address joesmith@idtscans.com							
	Message							
	It is easy to send da IDT Scans :)	ta to						
3	Send All Files							

NOTE:

Your file may take a few minutes to upload; however, you can continue with your order while you wait.

Step 5:

Please complete all sections marked with an *

Ket IDT	WWW.idtscans.com Home About Services Support Knowledge Contact My Profile My Home Logout
Back	Exit Next - Imaging Details
Patient Details	
 Title 	Mr 🗸
 First Name 	Name
 Last Name 	Last Name
 Date of Birth 	1 v Jan v 2000 v 🛄
* Sex	Male 🖲 Female 🔿
Patient ID	2
Address	
Tel 3	
Email	2

Step 6:

Please confirm the scan details. The Radiologist will examine all the images for pathology or normal variations, therefore, if maxilla and mandible were both scanned, you must select "**Both Jaws**".



If both jaws were scanned, you must request both jaws to be reported.

Step 7:

Under **Report Details** please provide at least the following information:

- 1. The clinical reason for taking the CT or CBCT scan
- 2. A brief clinical history (please state any symptoms such as pain or swelling)
- 3. Any specific regions of interest (e.g. unexplained radio-lucency on previous PA or DPT)

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Back	it	Next - Delivery							
Report Details									
Disclaimer: Some of these service treatment plan or surgery solely o	s are sub-contracted to on the services provideo	qualified external spe d here. If you are in do	cialists. IDT cann ubt do not select t	ot guarantee an hese options.	id canno	ot be held res	ponsible for	the acc	uracy of the results.
[*] Please state the reason for taking th	e CT scan.								
Please outline the patient's clinical h to the report request. Please indicat	istory and describe any e any specific regions o	/ symptoms leading f interest.							
Unusual appearance of maxillar pathology	y sinuses - please	rule out any							
729 characters left			-						
Price so far GBP £ Refresh									
©2008-19 ID	l Scans		Terms & C	onditions			P	rivacy	Policy

Step 8:

Choose how you would like to receive the Report. Please also select the Date you would like the Report back.

Express Service (< 3 working days) will incur an extra charge.



Step 9:

This page shows you a summary of your order. You can edit your order by clicking **Back.**

When you are satisfied that everything is correct, please tick the boxes and click **Next – Payment**.

Contring the Mon	Home My Profile	About Us	COM Services S	Support	Knowledge Base	Contact Us
Back	Exit	Next - Payment				
Please review your or	der carefully - Click "Back" to change it.					
Radiology Report (Drder					
Patient Details Name Address	Ms Jo Bloggs					
Date of birth Sex Tel 1	01-Sep-1963 female					
Clinical History Unusual appearance of	f maxillary sinuses - please rule out any i	pathology				
Scan Details Imaging Centre Region Prescriber Reg, Number Submitted by Delivery Delivery Deliver via Deliver to Results due Schedule have reviewed th have read and age Price so far GBP £	Scanning Site Name Maxilla Dr Joe Smith 123456789a ZIP via MailBigFile MailBigFile 13-Dec-2019 by Close of Business Standard Processing is order and confirm that it is correct ree to abide by IDT Scans Terms & Condi	tions				
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	@2000-1AID1 2C9U2		rerms & Condit	ions	Pr	Ivacy Policy

Please choose the relevant payment option and click **Submit Order**.

Unless you have arranged credit facilities with us, your order will not be processed until payment has been received.



Step 11a:

If you choose to pay online by **Stripe** (**Credit Card**) you will be redirected to the **Stripe** secure web payment service where your card details will be taken.

Please click **Pay** when you are ready to pay. Alternatively, you can select **Image Diagnostic Technology Limited** to return to IDT's website and choose a different payment option.

age Diagnostic Technology Limited	Pay with O link	
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	Email	
he	email@example.com	
	Payment method Card information	
	1234 1234 1234 1234 🚺	∰ Jc
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	Cardholder name	
e	Full name on card	
im ^{a9}	Country or region	
	United Kingdom	
	Postal code	
	Securely save my information for 1-click checc Pay faster on Image Diagnostic Technology Limite everywhere Link is accepted.	kout d and
	Pay	

Step 11b:

If you choose to pay by PayPal, you will be redirected to PayPal's website.

Please click **Next** when you are ready to pay. Alternatively, you can select **Cancel and return to Image Diagnostic Ltd** and choose a different payment option.





Enter your email or mobile number to get started.

Email or mobile number
Next
Or
Pay with a Bank Account or Credit Card
Cancel and return to Image Diagnostic Technology Ltd

Step 11C:

If you choose to pay by Invoice, we will send you an Invoice, but – unless credit facilities have been arranged – we will not process your order until payment is received.

If you need assistance, please phone us while you are at the computer on

- + 44 (0)20 8819 9158 UK
- + 44 (0)7767 366596 Mobile
- + 353 (0)21 470 9501 IRL

and we will do our best to help.

Created by: Danielle Fealy 2015-06-19 Revised by: NM/RAR 2025-05-30