

**Pennsylvania Physicians' Reciprocal Insurers  
Radnor, Pennsylvania**

**TELEMEDICINE QUESTIONNAIRE  
RADIOLOGY PHYSICIANS**

**(Addendum to Application for Physicians)**

**Pursuant to recent advances in medicine, please complete this form in its entirety and return to our office.**

1. If involved in Telemedicine, please indicate where the films are derived? (Please include addresses of site locations)

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2. Please provide a detailed description of your involvement:

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3. Is Telemedicine in addition to your private practice or is the only type of medicine you practice?

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4. Please provide the percentage of practice devoted to Telemedicine: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date