

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

**TELERADIOLOGY QUESTIONNAIRE
RADIOLOGY PHYSICIANS**

(Addendum to Application for Physicians)

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

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

2. Please provide a detailed description of your involvement:

3. Is Teleradiology in addition to your private practice or is this all that you are doing?

4. Please provide the percentage of practice devoted to Teleradiology: _____

Physician Signature

Date