



Office: (877) 727-6800 Fax: (877) 870-4890
Tech support (24/7): support@antechimagingservices.com

GENERAL PRACTITIONER HOW TO SUBMIT A PENNHIP CONSULT ONCE IMAGES ARE ON THE WEBSITE

1. Log in to www.antechimagingservices.com by entering your Username and Password in the upper right-hand corner fields and clicking Go. Please use a browser other than Internet Explorer, as this browser is no longer supported by Microsoft and has become incompatible with certain aspects of our website.


Username Password [forgot password](#)

2. Click “Go” at the bottom of the Search Options box to bring up images taken within the past 7 days; adjust your search date range and enter patient information as needed to find your desired images.

SEARCH OPTIONS

Practitioner <input type="text"/>	Specialist <input type="text"/>	Organization <input type="text"/>
Patient Name <input type="text"/>	Owner's Last Name <input type="text"/>	Case Number <input type="text"/>
Species <input type="text"/>	Breed <input type="text"/>	Study Type <input type="text"/>
Modality <input type="text"/> CR CT DR(DX) ECG	From Study Date 2020 <input type="text"/> October <input type="text"/> 02 <input type="text"/>	To Study Date 2020 <input type="text"/> October <input type="text"/> 09 <input type="text"/>
Status PACS <input type="text"/>	Consultation ID <input type="text"/>	Accession No. <input type="text"/>
Manufacturer <input type="text"/>	Model <input type="text"/>	AIS Acct. Number <input type="text"/>
History/Description <input type="text"/>	Antech Acct. Number <input type="text"/>	

Displaying 1 - 0 of 0 All Updated On Friday October 09, 2020 8:59 PM PDT

3. Find the patient you wish to send for a consult and click the  icon. **Look to the far right to confirm all images are present for the study before beginning your submission.**
4. Ensure the patient information is correct and complete, edit where needed. **IMPORTANT** – please be sure species, breed (MUST be from dropdown options), sex (including intact vs. neutered) and date of birth are as accurate as possible.
5. Select the “Referring General Practitioner” from the pulldown at the top of the form.
6. Select your desired specialty ex: “PennHIP” and then click .

Chip No. Case No. Owner Phone

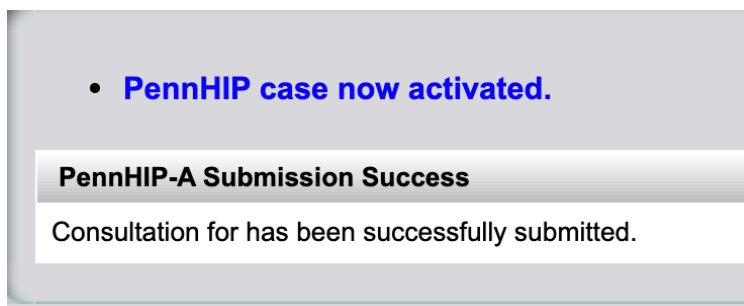
Priority & Response Time:

<input type="radio"/> Cardiology	<input type="radio"/> Computed Tomography	<input type="radio"/> Dentistry	<input type="radio"/> ECG - Holter Monitor
<input type="radio"/> ECG - Preop	<input type="radio"/> ECG - Routine	<input type="radio"/> ECG - Stat	<input type="radio"/> Exotic/Avian
<input type="radio"/> Magnetic Resonance Imaging	<input type="radio"/> Medicine	<input type="radio"/> Nuclear Medicine	<input type="radio"/> PennHIP
<input type="radio"/> Radiology	<input type="radio"/> Surgery	<input type="radio"/> Ultrasound	

- Complete the required fields of the PennHIP form (as noted by the red asterisk). If there is additional information to convey, this can be typed into the “Comments” box, directly under the Restraint Drugs box.

Member Name*	<input type="text"/>	Member Status:	
Radiograph Date*	06/30/2020 (MM/DD/YYYY)	Patient Weight*	<input type="text"/>
Clinical Signs*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Evaluated	Restraint Drugs*	<input type="text"/>
Severity:	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe (See Chapter 7 in Manual)	Comments:	<input type="text"/>
Owner Information			
Last Name*	testOwnerLastName	First Name*	testOwnerFirstName
Mailing P.O. Box/Street Address*	<input type="text"/>		
City*	<input type="text"/>	State*	Alabama
Country*	United States	Postal Code*	<input type="text"/>
Phone*	<input type="text"/>		
Patient Information			
Registered Name:	<input type="text"/>	Patient Name*	testPatientName
Breed*	Affenpinscher	Gender*	Male
Tattoo Number:	<input type="text"/>	Microchip Number:	<input type="text"/>
Registration Number:	<input type="text"/>	Sire Registration Number:	<input type="text"/>
Registry/Kennel Club:	<input type="text"/> If your Registry/Kennel Club is not listed, contact 877-727-6800		
PennHIP ID:	<input type="text"/>		
IMPORTANT: Has this dog had hip surgery?*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Has THIS dog had a PennHIP radiograph before?*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Has This Dog Suffered Hip Trauma?*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
		If yes, When:	<input type="text"/>
		Comments:	<input type="text"/>
<input type="button" value="Submit with selected radiographs"/>			
<input type="button" value="To Awaiting Media"/>			
<input type="button" value="Save Changes"/>			
<input type="button" value="Finalize Report"/>			
<input type="button" value="Cancel This Consultation"/>			

- Click Submit with selected radiographs (the top option).
- A Submission Success page will appear. ***IF YOU DO NOT SEE THIS PAGE, THERE IS LIKELY AN ISSUE WITH YOUR SUBMISSION.***



You are now done and can close the page.

NOTE: Check report status anytime by logging on to the AIS Website.



Images are stored, but have either NOT been submitted for a consult OR the consult has been returned for technical assistance. Choose Track Study from the Select Action bar for more information.



The consult has been submitted, but no (or not all) images or information has been received. Check image count to the far right.



The consult has been submitted, and is “In Progress”.



The consult has been finalized, and a completed report is available. Click the R or choose Print Report from the Select Action bar to display your report.

As always, please don’t hesitate to contact AIS at 877-727-6800

or support@antechimagingservices.com

if you have any questions or need further assistance.