DATE: [Date of Notification]

TO: [Ordering Physician Name / Facility Name]

FROM: [Imaging Department Name / Radiology Group]

SUBJECT: STAT CRITICAL ALERT NOTIFICATION

PATIENT INFORMATION:
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

EXAMINATION DETAILS:
Procedure: [Type of Imaging Study]
Date/Time of Exam: [Exam Date/Time]
Accession Number: [Accession #]

CRITICAL FINDING(S):
[Insert brief, clear description of the acute/life-threatening finding here]

COMMUNICATION LOG:
Radiologist Name: [Name of Radiologist]
Person Notified: [Name of Clinician/Staff Member]
Method of Contact: [Phone / Pager / In-Person]
Date/Time of Verbal Communication: [Time Stamp]

REQUIRED ACTION:
This finding represents a critical value that requires immediate clinical intervention. Please review the full preliminary or final report in the PACS/RIS system and proceed with the necessary emergency medical management.

For questions regarding this finding, please contact the Radiology Department at [Phone Number].

Sincerely,

[Your Name/Department Signature]