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COMMON TASKS



REQUEST
Images



SHARE
Images



UPLOAD
Images

Three Steps to get you Started...

- 1 ▶ Add New Contacts
- 2 ▶ Upload Images
- 3 ▶ Share Images

RECENT ACTIVITY

You are now connected to: GREGORY SABOEIRO

NOTIFICATIONS

No new messages

Sign in to seemyradiology.com
1. Click the "Upload Images" link

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UPLOAD IMAGES

SELECT DESTINATION FOLDER FIND IMAGES SELECT IMAGES FOR UPLOAD UPLOAD IN PROGRESS

Which upload mode would you like to use?

- Choose image sets to upload from a CD or your hard drive.
- Launch an online DICOM gateway and push images directly from your PACS, modality or viewing station.

Which Image Folder would you like to upload to?

- HOSPITAL FOR SPECIAL SURGERY (NEW YORK SOCIETY FOR RELIEF OF RUPTURED AND CRIPPLED)

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Next or Cancel

2. Click "Next" to Continue

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UPLOAD IMAGES

SELECT DESTINATION FOLDER

FIND IMAGES

SELECT IMAGES FOR UPLOAD

UPLOAD IN PROGRESS

Look In: DVD RW Drive (D:)



3. Select your CD-ROM drive from the drop down list and click "Next"

3

Next or Cancel

< [Back to Select Destination Folder](#)

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UPLOAD IMAGES

SELECT DESTINATION FOLDER FIND IMAGES SELECT IMAGES FOR UPLOAD UPLOAD IN PROGRESS

0 studies found

3 directories accessed

1 files scanned



Scanning directories for DICOM studies...

Your computer will scan the CD for images (this may take a couple of minutes depending on the number of studies on the CD)

[Back to Select Images Folder](#)

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UPLOAD IMAGES

SELECT DESTINATION FOLDER FIND IMAGES SELECT IMAGES FOR UPLOAD UPLOAD IN PROGRESS

We have scanned through your image folder and found 26 image set(s) available for upload.

(Radiology scans are maintained as sets of images so that you can view all images from a single session together.)

	Patient	Patient ID:	Modality	Body Part	Study Date:	Revise
<input type="checkbox"/>	114S016,	114S016	[MR]		09/07/2011	
<input type="checkbox"/>	114S001, WEEK 24	114S001 WEEK 24	[MR]		07/2	
<input checked="" type="checkbox"/>	114S017, WEEK 24	114S017 WEEK 24	[MR]		09/14/2011	
<input type="checkbox"/>	111-05-018	111-05-018	[MR]		08/04/2011	
<input type="checkbox"/>	114S023, WEEK 24	114S023 WEEK 24	[MR]		09/21/2011	
<input type="checkbox"/>	111-06-016	111-06-016	[MR]		09/12/2011	
<input type="checkbox"/>	111-24-5018	111-24-5018	[MR]		10/19/2011	

Edit Dicom

Once the study or studies are found, you may edit the DICOM fields if needed by clicking "edit study" link

4. Select the study or studies checkbox

5. Click on Start Upload

*Some of the available images are missing required information which can be provided by clicking "revise".

5 Start Upload or Cancel

< Back to Find Images Folder

EDITING DICOM INFORMATION

PLEASE CONFIRM THE DEMOGRAPHIC DATA BELOW:

Fields marked with a * are required in order to proceed with the upload; all other fields are optional.

PATIENT DATA

* (Last Name)	(Middle Name)
<input type="text"/>	<input type="text"/>
* (Given Name)	(Prefix) (Suffix)
<input type="text"/>	<input type="text"/>
* Patient Sex: <input type="text" value="O"/> Patient Age: <input type="text"/> Years	Patient Address: <input type="text"/>
* Patient Birth Date: mm/dd/yyyy, yyyy/mm/dd, yyyy.mm.dd	Patient Phone Numbers: <input type="text"/>
<input type="text"/>	<input type="text"/>
* Patient ID:	Patient Comments: <input type="text"/>
<input type="text"/>	<input type="text"/>

STUDY DATA

* Institution Name:	Accession Number:
<input type="text"/>	<input type="text"/>
* Study Date: mm/dd/yyyy, yyyy/mm/dd, yyyy.mm.dd	Study Description: <input type="text"/>
<input type="text"/>	<input type="text"/>
* Study Time: hh:mm:ss.frac, hh:mm:ss.frac	
<input type="text"/>	

SERIES DATA:

* Series 1 - SURVEY LT - Modality:	Series 1 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>
* Series 2 - SURVEY LT - Modality:	Series 2 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>
* Series 3 - SURVEY LT - Modality:	Series 3 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>
* Series 4 - SURVEY LT - Modality:	Series 4 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>
* Series 5 - SURVEY LT - Modality:	Series 5 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>
* Series 6 - SURVEY LT - Modality:	Series 6 - SURVEY LT - Body Part:
<input type="text" value="Select Modality"/>	<input type="text"/>

PHYSICIAN DATA:

* (Last Name)	(Given Name)
<input type="text"/>	<input type="text"/>

Fields highlighted orange will need to be filled out before the study can be uploaded.

If the study is being shared with a particular physician please fill out the Physician Data (Last Name & First Name)

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UPLOAD IMAGES

SELECT DESTINATION FOLDER FIND IMAGES SELECT IMAGES FOR UPLOAD UPLOAD SUCCESSFUL

Upload Successful!

The image sets below have been uploaded to HOSPITAL FOR SPECIAL SURGERY (NEW YORK SOCIETY FOR RELIEF OF RUPTURED AND CRIPPLED) successfully. Please note that if your images do not appear immediately, they will be there shortly.

Patient	Patient ID	Modality	Body Part	Study Date	Progress
114S016	114S016	MR		09/07/2011	100%

6. When the upload has completed you will be able to view the images you have uploaded by clicking on the "View My Images" link

[View My Images](#)

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VIEWING IMAGES

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All Images

Push Images | View | Share | Upload | Request

MY IMAGES

1 2 3



Name:
DOB:
MRN:

Modality:
Body Part:
Study Date:
Description:

Institution:
Referring:
Upload Date:

There are two options for viewing images
7. Basic View - This allows you to simply view the image/s
8. Advanced View - This allows you to manipulate the image/s

- Share these Images
- + Add Attachment
- Basic View
- Advanced View
- Download DICOM
- Push to Gateway
- Pin to Sidebar
- Choose Tags

Sharing Images

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MY IMAGES

1 2 3



Name:
DOB:
MRN:

Modality:
Body Part:
Study Date:
Description:

Institution:
Referring:
Upload Date:



- Share these Images
- + Add Attachment
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- Push to Gateway
- Pin to Sidebar
- Choose Tags

Click on the down arrow in the study you would like to share and click "Share these Images"

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SHARING IMAGES



- Select from your "My Contacts" list.
- Click the **Share** button.
- or -
- If the desired contact is not in your "My Contacts" list, click on the "Search for a new contact" link to locate the desired contact.

When you share, the other account will be able to view the images selected.

Enter the name of the contact you want to share with.

My Contacts:

saboeiro

Saboeiro, Gregory

Share with a contact

or [Search for a new contact](#) or [Cancel](#)



Type the name of the contact you would like to share images with and then click "Share with a contact"

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Review the details below, select the appropriate check boxes and click the Share button to share your images.

The following images are being shared with GREGORY SABOEIRO

First Name	Last Name	Study Date	Modality	Body Part

Allow GREGORY SABOEIRO to make a copy of my images.

Share or Cancel



If everything is correct you can click "share" and the study will now be shared with the contact you selected.