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Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
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Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
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Epic Downtime Recovery Form

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Epic Downtime Recovery Form

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Epic Downtime Recovery Form

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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Epic Downtime Recovery Form

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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Date (MMDDYY): _____

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Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Epic Downtime Recovery Form

Date (MMDDYY): _____

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Epic Downtime Recovery Form

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Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
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Epic Downtime Recovery Form

Date (MMDDYY): _____

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<SITE>: _____

Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
		AFTER RECOVERY:	Epic Accession #	Ended in Epic?	Images Reconciled in PACS?	Reconciled in Dictation System?	
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<SITE>: _____

Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
		AFTER RECOVERY:	Epic Accession #	Ended in Epic?	Images Reconciled in PACS?	Reconciled in Dictation System?	
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Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
		AFTER RECOVERY:	Epic Accession #	Ended in Epic?	Images Reconciled in PACS?	Reconciled in Dictation System?	
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<SITE>: _____

Epic Downtime Recovery Form

Date (MMDDYY): _____

Temporary Accession #	MRN	Patient Last Name	Patient First Name	Procedure	Technologist Name	Begin Exam Time	End Exam Time
		AFTER RECOVERY:	Epic Accession #	Ended in Epic?	Images Reconciled in PACS?	Reconciled in Dictation System?	
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