Rocky Mountain
TRANSCRIPTION

Reduce your Transcription Costs by Up to 50%

XYZ
MEDICAL FACILITY

TITLE OF REPORT (e.g. AORTIC ANEURYSM SCREENING)

Patient Name: John Doe **Age:** 45 **Date of Birth:** August 28, 1958
Patient ID: 123456 **Location:** Chicago **Gender:** Male
Dictating Physician: Frank Smith, M.D. **Test Date:** January 21, 2003

I had the opportunity to see your patient John Doe for consultation on January 25, 2003. Below are my findings for his Aortic Aneurysm Screening.

Indications:

Men age 65 or older.
Women age 65 or older with cardiovascular
Family history of aortic and peripheral vasc

Examination Protocol:

Transverse images of proximal (near diap
Longitudinal images with AP measurem

Aorta Measurements:

Proximal: 2.1 cm
Mid: 2.7 cm
Distal: 2.9 cm

Interpretation: Abdominal aortic ultrasound was p
There is very small dilatation of the distal aortic
dilatation.

Recommendations: Clinical correlation and r

This paragraph is a fixed paragraph that a clien

DD: January 25, 2003
DT: January 26, 2003

TID: 1245342

Professor of Cardiology

ROCKY MOUNTAIN TRANSCRIPTION'S MEDICAL TRANSCRIPTION FEES:

Free template lines: 8 lines x 0¢/line   0¢
Qualified text lines: 7 lines x 8¢/line   56¢
Standard lines: 7 lines x 13¢/line   91¢
                                            $1.47

OTHER TRANSCRIPTION COMPANY'S MEDICAL TRANSCRIPTION FEES:

Standard lines: 22 lines x 13¢/line   **$2.86**

BLENDED RATE
6.7¢ per line
NET SAVINGS
$1.39 difference!
49% savings!

POWERED BY EMDAT
DELIVERING ON THE PROMISE OF YOUR EHR