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# The Radiographer

A publication of the Missouri Society of Radiologic Technologists

Volume 55, Issue 1  
May 1996



The Missouri Society of Radiologic Technologists was founded in 1931, chartered as a professional and scientific society dedicated to education, communication and patient care.



As a not-for-profit corporation, the Missouri Society of Radiologic Technologists Inc. is a chartered affiliate of the American Society of Radiologic Technologists.

The M.S.R.T. is nonsectarian, nonpartisan, and noncommercial, and adheres to a policy of nondiscrimination regarding nationality, race, color, creed or age.

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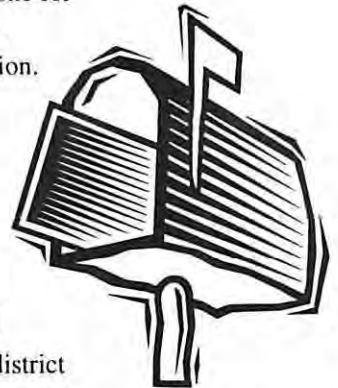
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## From the editor . . .

This past year has been a busy one for the MSRT. We expect the future to continue on in much the same fashion.

With continuing education becoming a requirement, we are trying to keep everyone informed about upcoming seminars and meetings that provide credit. Most of our districts attempt to provide CE's at each of their bimonthly meetings. Please check with your district representative for information concerning these meetings. We hope to provide a number of benefits for members, and to keep you informed as well. Enjoy your summer! See you next month.



*Denise West*

## Advertising opportunities . . .

Would you like to advertise in our MSRT publications? We'd love to have your ad! Simply submit ad and payment to the editor by the deadline date listed below.

### ■ Radiographer

Submit ad by September 15, 1996, for the October 1996 issue.  
Submit ad by April 15, 1997, for the May 1997 issue.

#### Fees per issue:

Full page	\$150
Half page	\$ 90
Quarter page	\$ 50
Business card size	\$ 30

### ■ MSRT Newsletter

Submit ad by July 31, 1996, for the August 1996, issue.  
Submit ad by December 15, 1996, for the January 1997 issue.

Business card size	\$ 25
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All pages are 8.5 x 11 inches. Fees must be paid when ad is placed.

#### Please direct questions to:

Denise West, Editor  
1605 West Ninth Street  
Sedalia, MO 65301  
(816) 827-6665



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## THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

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# From the president . . .

Dear technologists and students in Radiologic Sciences,

I'm looking forward to my year as President of the MSRT. I want to take this opportunity to thank everyone who was involved in such a successful conference in Kansas City. I have received numerous compliments on the organization, and quality of speakers at the 64th annual conference. It shows how much dedication and talent that we have within our society.

It isn't easy to put a conference together. So, that is why I now encourage you to get involved in the planning of our future conference. If there is anything that you can contribute, make an offer; it may be just what we need. Contact your District Representative and ask how you can get involved in the 65th annual conference.

Each member of this society should know what the MSRT is here for you. The districts will be providing mini-seminars over the next year. These seminars will help you in obtaining those continuing education credits. The legislative committee will continue to pursue the certification bill, and regular publications of what's happening in the MSRT will be mailed to our members.

We need technologists to be pro-active in the future of radiology. The seminars and legislative activities of this society don't happen on their own. Your involvement is very important in the future of our profession.

I challenge each of you to call your District Representative or call me, and ask how you can become involved. As always, we want to hear from you about any ideas that may improve this organization.

Have a great summer!

Stephanie Whisler, MS. Ed. RT(R)  
MSRT President  
6306 North Indiana  
Gladstone, MO 64119  
(816) 453-5246  
(816) 942-8400, Ext. 2434

P.O. Box 881      Columbia, Mo. 65205-0881

# Get involved . . . join your district!



**Don't miss a moment!  
Contact your district representative  
and become active!**

# District Data . . .

## ■ District 1:

A list of the new officers for the upcoming year was presented.

Sherry Bellafiore  
201 East Pope Lane  
Smithville, MO 64089  
(816) 932-3242

## ■ District 3:

Debra Hurst presented a list of next year's officers. This year there will be no October conference; instead, the district will offer two hours of education time at each monthly meeting.

Mel Ravenscraft  
South Sixth Street  
Columbia, MO 65211  
(573) 882-7481

## ■ District 4:

The district has been conducting mail-in balloting for this year's election. New officers will be announced at a later date.

Barbara Hente  
3708 Joyce  
Granite City, MO 62040  
(618) 797-6817

## ■ District 5:

Shawn Snider announced a March meeting at Cox offering ECE hours was poorly attended. This district also is conducting its election by mail, and will announce new officers at a later date.

Linda Cody  
Route 1, Box 40  
Aurora, MO 65605  
(417) 258-2176  
(417) 466-2663

## ■ District 6:

A list of the new officers for the upcoming year was presented.

Charles Eaves  
21st St. Francois Ave.  
Farmington, MO 63640  
(573) 756-5761  
(573) 756-4581

## ■ District 7:

Members held their most recent meeting in conjunction with the state conference. New officers were elected.

Kay Glass  
1325 Overhill Road  
Columbia, MO 65203  
(573) 445-1375  
(573) 882-8644  
(573) 882-8417

## ■ District 8:

Shawn Snider announced new officers were elected in April.

Brenda Mathews  
621 North Shanandoah Drive  
Columbia, MO 65201  
(573) 474-6602  
(573) 882-2100

## ■ Remember . . .

### Share your news with friends!

If you have news of your district, please share it with your district representative, listed above! We want to know what's going on in your area.

## Have you moved?

■ Has your name or address changed?  
If so, please notify the MSRT membership chairman immediately so you will continue to receive your MSRT information—including The Radiographer and the MSRT newsletter—while they're timely! Don't be left out!

Send any changes to:

1996-97 Membership Director  
P.O. Box 881  
Columbia, MO 65205-0881

Or call:  
Stephanie Whisler, President  
(816) 942-8400, Ext. 2434

# 1996 Winners of MSRT Competition

Congratulations to all the 1996 Student Bowl winners!

Barbara Hente awarded 1996 Student Bowl plaques at the Presidential Banquet April 12. The traveling trophy was presented to the first-place team.

Winners were:

■ 1st Place

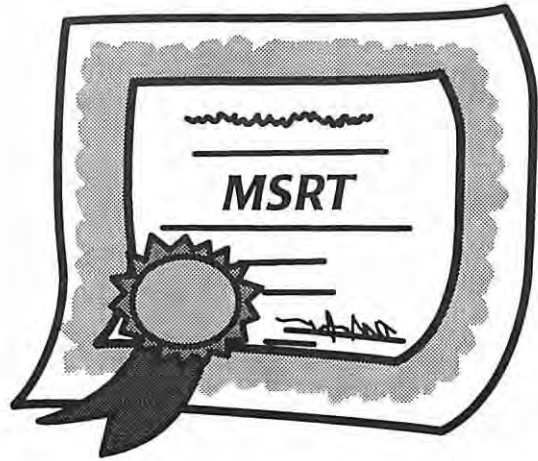
**Barnes School of Radiologic Technology**

■ 2nd Place

**Research School of Radiologic Technology**

■ 3rd Place

**Nichols Career Center**



Joan Hedrick presented awards for the annual Essay Contest.

Winners were:

**Technologist Level**

■ 1st Place — \$300 prize

**Shawn Snider**

■ 2nd Place — \$200 prize

**Norman Hente**

**Student Level**

■ 1st Place — \$300 prize

**Debbie Consella**

■ 2nd Place — \$200 prize

**Michael Garmon**

■ 3rd Place — \$100 prize

**Christine Vogler**

Chuck Eaves presented awards for the Exhibit Competition.

Winners were:

**Technologist Level**

■ 1st Place — \$300 prize

**Norman Hente**

**Student Level**

■ 1st Place — \$300 prize

**Yong Dennison**

■ 2nd Place — \$200 prize

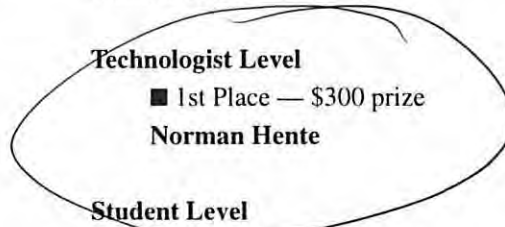
**Oluyomi Fominn**

■ 3rd Place — \$100 prize

**Paulette Limback / Brandy Jones**

**Honorable Mention**

Kelly Bess / Julie Leontsinis



Shawn Snider presented **two** \$500 Technologist Scholarships this year, because there was a tie!

Winners were: **Maggie Ogden** and **Terry Lynn Ashley**

Donita Shipman presented the student scholarships.

Winners were:

**MSRT Scholarship—Dana Dunlap**

**Feldhaus Scholarship—Ruth Hunter**

Winner of the **Mallinckrodt Institute Award of Excellence** for 1996 was **Shawn Snider**. The award was presented by Debra Hurst.

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# Documentation in Radiology: Essentials of Recording the Exam History

By DEBBIE CONSELLA

## Introduction

Documentation is an area that is problematic for many radiographers.<sup>1</sup> However, radiographers contribute to patients' health care through quality in imaging, and should contribute to the medical record through quality in documentation.

Essential Radiology documentation which should be included in the medical record include: the radiologists' interpretation, documentation of informed patient consent to procedures, documentation of contrast administration, pre- and post-procedure instructions, and detailed documentation of care during invasive procedures. In this essay, I will focus on the radiographer's role in the most familiar type of documentation in Radiology: the patient history related to routine radiographic exams. Although this documentation is discussed from a hospital-based Radiology department perspective, the information is applicable in any Radiology practice.

## The Medical Record

A complete and accurate medical record serves many purposes. The medical record serves to keep all members of the health care team informed about a patient's care and provides a permanent record of the care delivered. Accurate documentation of care helps ensure the safety and continuity of care, and the medical record is a legal document regarding the patient's health care.<sup>2</sup>

Data is also extracted from the medical record for other uses within the health care organization. Continuing education, risk management, reimbursement, and research all depend on the medical record for accurate information regarding a patient's care and the outcomes of that care.<sup>3</sup> Documentation of care is also essential for receiving and retaining facility accreditation and licensing.<sup>4</sup>

## The Exam History

The type of documentation with which radiographers are most familiar is recording the history for a radiographic exam. Even though writing an exam history is seen as a relatively routine task, the information presented in the history can affect exam interpretation, continuity of care, and reimbursement for the procedure.

The exam history, even on simple procedures, communicates to the radiologist the patient's symptoms and/or clinical diagnosis. Accurately relaying clinical information to the interpreting radiologist has been shown to improve diagnostic accuracy.<sup>5,6</sup> Berbaum, El-Khoury, et al, identified two important aspects of the clinical history which improved evaluation of radiographs by radiologists: "... indication of specific locations for intensive evaluation," and "clues to search for particular abnormalities."<sup>7</sup> Information must be provided in sufficient detail to guide the radiologist's attention to the area of interest and present the

relevant "clues" which assist in making an accurate diagnosis.

The satisfaction of referring physicians is also increased when the question which they sought to have answered when referring the patient is directly addressed by the interpreting radiologist.<sup>8</sup> A general surgeon may expect quite different

information from an abdominal CT scan of a patient with post-surgical abdominal pain than a vascular surgeon desires from the same exam on a patient with a pulsatile abdominal mass. The radiologist's understanding of the clinician's needs is, again, dependent on the information presented in the exam history.

In a perfect Radiology department, each patient would present with a history from the referring physician which relayed in detail the patient's history, symptoms, and a clinical diagnosis. However, this ideal history is often difficult to obtain from clinicians.<sup>9</sup> Time pressure in the referring physician's office and on the personnel scheduling the exam in the Radiology department may prevent detailed communication of clinical findings when an exam is ordered by telephone. Also, many physicians seem reluctant to give a patient a written order which contains a clinical diagnosis which may cause anxiety in the patient. This reluctance is compounded by the fact that the exam will often disprove the clinical diagnosis. This "misdiagnosis" may cause the patient to doubt the physician's diagnostic skills, the results of the radiologic exam, or both. While radiographers must not ignore symptoms and clinical diagnoses provided by referring

**Debbie Consella  
is the author  
of the winning  
student essay  
printed here.**

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# Documentation in Radiology . . .

*(Continued from page 7)*

physicians, they must also become skilled at obtaining pertinent clinical information directly from the patient and communicating it accurately to the interpreting physician.

## **Medical Records Coding**

After the exam, the history obtained by the radiographer must be relayed to the Medical Records department with the exam interpretation. Ideally, the history is incorporated into the radiologist's report as the indication for the procedure. If the history is not dictated in the radiologist's interpretation, a mechanism for transferring the history obtained by the radiographer to Medical Records must be developed. This may be as simple as copying the exam history form and attaching it to the radiologists' written interpretation.

The Medical Records department has the responsibility of ensuring that documentation is complete and accurate for each patient encounter in the facility.<sup>10</sup> In Medical Records, the diagnostic and treatment procedures performed, the symptoms for which they were performed, and the diagnosis obtained are all converted into numerical codes.<sup>11</sup> These codes are designed to standardize communication with public health agencies, regulatory bodies, and payers regarding a patient's care and diagnosis.<sup>12</sup> For inpatient Medicare patients, the final diagnosis made by the attending physician and coded by Medical Records will result in assignment of the patient to a diagnosis related groups (DRG). The hospital's reimbursement for the patient's stay will be based on the DRG.

For outpatient radiology procedures, the accuracy of coding is directly dependent on the accuracy of the history provided to Medical Records by referring physicians and radiology personnel. Extended direct contact with the patient gives the radiographer an excellent opportunity to obtain and document an accurate history relevant to the imaging exam performed. This is especially important when the information provided by the clinician is limited.

## **Reimbursement**

The codes produced in Medical Records communicate what procedure was performed on a patient and provide documentation of the medical necessity for the procedure.<sup>13</sup> Accurate documentation of medical necessity is essential when payment is being made by "third-party" payers such as Medicare, Medicaid, or an

insurance company. The need for proof that only medically necessary procedures are performed is created because neither the buyer (the patient) or the seller (the hospital) has an incentive to limit the amount of service consumed if someone else (insurance or Medicare) is paying for it. In an unrestricted third-party payment system, the patient wants to receive the best and most complete care available at any cost, and the provider receives more income with each additional service.<sup>14</sup> To control the overuse inherent in such a system, third-party payers require that medical necessity is proven before a procedure is reimbursed.

The link between reimbursement and the coded indication for an exam is undeniable. Some diagnoses or symptoms are more likely to cause a diagnostic imaging study to be viewed as medically necessary by payers.<sup>15</sup> However, the radiographer just never record an exam history in order to generate reimbursement.<sup>16</sup> This can have several adverse effects.

Statistics which determine future health care planning and budgeting are based on the codes reported to Medicare and other third-party payers.<sup>17</sup> These statistics are skewed if diagnoses are inaccurately recorded and, therefore, inaccurately coded.

More tragic consequences can result from misrepresenting patient history to obtain reimbursement:

" . . . A patient . . . following a CT scan, happened to see the diagnosis 'brain tumor' listed on her Medicare claim form. Although she had been told she was free of cancer, the woman went home and committed suicide. A billing secretary had used white-out over the words 'rule out' preceding the tumor diagnosis, apparently because the carrier wouldn't pay for a CT scan to rule out an illness."<sup>18</sup>

Although this is an extreme example, a diagnosis recorded to facilitate reimbursement can result in other devastating effects on a patient. Health conditions documented in the medical record may cause a person to be considered uninsurable or a poor risk for some kinds of employment. Altering a diagnosis or misrepresenting the necessity for a procedure may also result in scrutiny of a health care provider under fraud and abuse regulations.<sup>19</sup>

*(Continued on page 9)*



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# Documentation in Radiology . . .

*(Continued from page 8)*

## **Practical Application**

In view of all the ramifications of something as “simple” as the history of a routine radiology exam, what are the practical applications for the radiographer?

Some of the essentials for the exam history are axiomatic. Name, age, gender, birth date, and patient identification number must be included.<sup>20</sup> This data provides confirmation that the history recorded is for the patient to whom it is attributed. The exam performed, date of the exam, and the time the exam was performed are also vital to correlate the history with a specific patient encounter. Recording the time is especially important when the same patient is radiographed on multiple occasions on the same date.

Although abbreviations are not used in this essay to prevent misunderstanding by the reader, in actual practice, abbreviations should be used whenever possible.<sup>21</sup> Abbreviating common terms allows more information to be recorded in the space available. Only abbreviations approved by the facility should be used, however, so the information can be understood by others involved in the patient’s care.<sup>22</sup> Each facility has a list of approved abbreviations. In hospitals, this list is available from the Medical Records department.

Documentation of female patients’ pregnancy status or last menstrual period is needed to ensure that a developing fetus is not exposed to unnecessary radiation.<sup>23</sup> Any time a physician orders an exam performed in spite of a known pregnancy, that information and shielding precautions taken must also be noted. A note such as, “Patient pregnant. Dr. X informed, ordered exam performed. Abdomen shielded front and back,” provides documentation of the medical decision to perform the exam and the technologist’s adherence to proper radiation protection practices as outlined in facility policies.

Documentation of radiation shielding, even when pregnancy is not an issue, is valuable. Since radiation has potential adverse effects on future generations, any individual—male or female—who is potentially reproductive should be shielded whenever possible.<sup>24</sup> consciously checking off on the exam history form whether appropriate shielding was used can encourage radiographers to be more conscientious in shielding.

In recording the indications for the exam, the radiographer must first review any history or diagnosis provided by the referring physician. This information should be noted as the

clinical diagnosis with the diagnosis in quotation marks to denote that it came from the referring physician. As previously discussed, knowing why the clinician ordered the exam aids the radiologist in interpreting it in a satisfactory manner.

However, a hand x-ray with the common clinical history of “rule out fracture” doesn’t provide much guidance for interpretation. The radiographer must be able to enhance this history by careful questioning of the patient and accurate recording of the information obtained. Pertinent questions in this case would include: When and how was the injury sustained? What is the specific area of injury? Is the range of motion affected? The history then might be recorded as:

“Clinical diagnosis: ‘Rule out fracture.’  
Patient reports crushing injury to hand last night. Pain/swelling to 3rd metacarpal-phalangeal joint. Unable to straighten 3rd finger.”

This history will relay the clinical diagnosis while focusing the radiologist on the area of injury and suggesting specific types of damage to suspect.

A simple rule of thumb for documenting history is to record “cause and effect” when they can be determined. This is especially helpful in exams performed subsequent to injury.

“High-speed motor vehicle accident with seat belt on. Pain and swelling to left clavicle. Cervical collar in place on arrival. Obvious deformity of left ankle.”

A history such as this provides documentation of several items important for interpretation, legal, and reimbursement purposes. The radiologist can determine that high-energy injuries are likely to be present and envision a seat belt injury to the left clavicular area. The presentation of the patient with a cervical collar on explains why a cross-table lateral cervical spine radiograph was obtained in addition to a routine cervical series (in accordance with facility trauma policies). From this history, a payer would be expected to view radiographs of the left clavicle, left ankle, and cervical spine as medically necessary.

The fact that the injuries in this example were sustained in a car accident is significant from another reimbursement standpoint. Injuries sustained in a motor vehicle accident may be

*(Continued on page 10)*

# Documentation in Radiology . . .

(Continued from page 9)

covered by an auto insurance policy instead of, or in addition to, a standard medical insurance policy.<sup>25</sup> This may also be true of other types of accident insurance. Inclusion of the cause of an injury will help in filing claims with the correct source of payment. This prevents delays and confusion, and benefits both the hospital and the patient.

The indications for radiology exams are not always readily apparent. A patient scheduled for a chest x-ray is unlikely to say, "I was involved in a high fat diet, and now I have chest pain." However, there is often pertinent information which is not provided by the clinician, yet needs to be recorded for the accuracy and completeness of the exam history.

The need to record the presence or absence of current symptoms is well documented in mammography.<sup>26</sup> Current breast complaints determine that a "diagnostic" mammogram must be performed; in the absence of symptoms, "screening" mammography is performed. In the eyes of the radiologist, the Medical Records coder, and third-party payers, the two types of mammography exams are completely different. This is all determined by a history of current symptoms.

The same precept applies to other diagnostic imaging procedures with one difference: Except for mammography, there are no screening procedures performed in Radiology. Every exam should be performed for current complaints. Table 1 lists some of the basic indications which should be reviewed for the noted exams.<sup>27</sup> Similar questionnaires can be developed for other exams by brain-storming with radiologists and Medical Records personnel. The symptoms and history elicited in questioning provide documentation of symptoms which can be coded by Medical Records when the physician diagnosis is absent. It is important to limit documentation in such cases to recording symptoms; the radiographer must not attempt to make a diagnosis for the physician.

The over-riding question which the exam history must address is: Why is this patient having this exam at this time? Any information which contributes to answering that question is pertinent and should be recorded as accurately as possible.

## Conclusion

Radiographers need to view meticulous documentation of the exam history as an integral part of the practice of their profession. Education about the facility's policies governing documentation

## ■ Table 1. INDICATIONS FOR COMMON EXAMS

Patients should be questioned about current symptoms and/or clinical diagnoses appropriate to the procedure. Care should be taken to phrase all questions in laymen's terms.

### EXAM: CHEST X-RAY

#### Current complaints of:

Cough? Fever? Congestion? Coughing blood? Shortness of breath? Chest pain?

#### Clinical diagnosis of:

Myocardial infarction? Heart failure? Heart disease? High blood pressure? Pneumonia? Tuberculosis? Pneumothorax? Broken ribs? Cancer?

### EXAM: INTRAVENOUS PYELOGRAPHY

#### Current complaint of:

Pain? Fever? Difficulty in urination? Blood in urine?

#### Clinical diagnosis of:

Kidney failure? Cancer? Kidney stones? Bladder or kidney infection?

Based on Obergfell, A.M. *Law and Ethics in Diagnostic Imaging and Therapeutic Radiology*, pp. 192-193.

must be a part of the orientation and continuing education for radiographers. Even though the document may only be a few lines long, an accurate and complete exam history has great value to the patient, the interpreting physician, and the facility. Radiographers readily accept their responsibility to produce accurate diagnostic images. With practice, radiographers will become just as comfortable and competent in their duty to contribute to patient care through accurately documenting the history which makes those images necessary.

# Documentation in Radiology Notes . . .

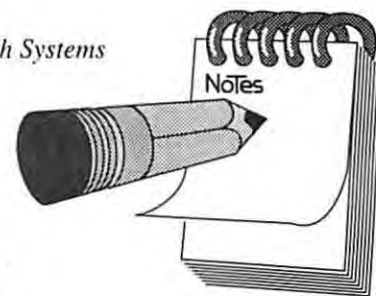
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18. Walsh, op cit: p. 41.
19. Hubbard, op cit: pp. 8-9.
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21. Timby and Lewis, op cit: p. 64.
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23. Obergfell, op cit: pp. 70-71.
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## Calendar . . .

■ **June 1-2, 1996**—Holiday Inn Downtown Conference Center, St. Joseph, Mo.  
Modalities in Motion: A Comprehensive Overview of Radiology / 1-(816) 271-1226  
Sponsored by N.W. Missouri Society of Radiologic Technologists and Heartland Health Systems

■ **June 8-12, 1996**—Louisville, Ky.  
68th ASRT Annual Conference: "Real Solutions for the Real World"

■ **April 23-27, 1997**—Airport Marriott, St. Louis, Mo.  
Plan now to join your friends and co-workers at the 1997 MSRT Annual Conference!



# 1996 MSRT Proposed Budget

## REVENUES

### Membership

Active	600	@	\$25.00	\$15,000.00
Student	100	@	\$15.00	\$ 1,500.00
Inactive	40	@	\$10.00	\$ 400.00
<b>TOTAL</b>				

\$16,900.00

### Interest

Checking				\$ 250.00
Savings				\$ 800.00
CD				\$ 2,000.00
<b>TOTAL</b>				

\$ 3,050.00

### Ways & Means

\$ 1,500.00

### Conference 1996

\$10,200.00

### TOTAL REVENUE

\$31,650.00

## EXPENDITURES

### ASRT Region 5 Dues & Chapter Delegates

11	@	\$50.00	\$ 1,150.00
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### Air Fare

3	@	\$150.00	\$ 450.00
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### Registration

3	@	\$305.00	\$ 915.00
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### Hotel

\$ 1,400.00

### Affiliate Representative

\$ 500.00

### Affiliate Pins

\$ 300.00

### TOTAL

\$ 4,615.00

### Committees

#### Membership

\$ 1,000.00

#### Nominating

\$ 200.00

#### Ways and Means

\$ 500.00

#### Student Activities

\$ 200.00

#### Public Relations

\$ 50.00

#### Legislative

\$ 8,000.00

#### Publications

##### Radiographer (2 issues)

\$ 2,700.00

##### Newsletter (3 issues)

\$ 1,500.00

### TOTAL

\$14,150.00

### Board of Directors

#### President's Phone and Postage

\$ 200.00

#### President-Elect

\$ 100.00

#### Treasurer

\$ 150.00

#### Bookkeeping

\$ 2,000.00

#### Secretary

\$ 100.00

#### Board Meetings

\$ 300.00

### TOTAL

\$ 2,850.00

### Miscellaneous

#### Accountant Tax Preparation

\$ 700.00

#### Post Office Box

\$ 62.00

#### Incorporation Fee

\$ 1.00

#### Donations and Gifts

\$ 150.00

### TOTAL

\$ 913.00

## TOTAL EXPENDITURES

\$22,528.00

## BUDGET BALANCED

\$ 9,122.00

*Respectfully Submitted:*

*Stephanie Whisler, M.Ed. RT(R)*



# THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

## Application for Membership

July 1, 1996 - June 30, 1997

Please complete ALL sections and return to MSRT with payment

New Applicant    Renewal   (Other name membership under) \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Present Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

#### Certified in:

- Radiography
- Nuclear Medicine
- Radiation Therapy
- Sonography
- Cardiovascular-  
Interventional
- Mammography
- MRI
- CT

#### Position Title:

- Staff Technologist
- Special Procedures
- Supervisor
- Director/Education
- Instructor
- Administrator
- Chief Administrator
- Assistant Chief Administrator
- CT Technologist
- MRI Technologist
- Mammographer
- Not Employed
- Other \_\_\_\_\_

#### Education Level:

- Certificate
- Associate
- Baccalaureate  
Major \_\_\_\_\_
- Masters  
Major \_\_\_\_\_
- Doctorate  
Major \_\_\_\_\_

#### Check All That Apply:

- ASRT Member
- MSRT Member
- District Member

#### Work in:

- Hospital
- Clinic
- Office
- School
- Commercial
- Other \_\_\_\_\_

#### MSRT District: Please circle all that apply

1   2   3   4   5   6   7   8

**ACTIVE MEMBER:** Radiologic Technologist registered by and in good standing with a nationally recognized certifying body. \$25.00 \_\_\_\_\_

**SUPPORTING MEMBER:** Those persons interested in Radiologic Technology but not having qualifications for other categories. \$25.00 \_\_\_\_\_

**IN-ACTIVE MEMBER:** Certified Technologists not engaged in any area of the field of Radiologic Technology. \$10.00 \_\_\_\_\_

**STUDENT MEMBER:** Students enrolled in a training program recognized by ARRT and or of 24-month duration. This is a 2-year membership, due on or before Sept. 1. \$15.00 \_\_\_\_\_

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Make your check payable to: **MSRT**

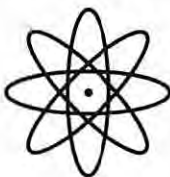
Submit to: Debra Hurst • MSRT Treasurer • 5700 Waterfront Drive North • Columbia, MO 65202

# Thanks for '96 conference support . . .

The MSRT would like to extend a heartfelt thanks to all vendors and company representatives who donated funds and merchandise and/or rented booth space at the 64th Annual MSRT State Conference April 10-13 in Kansas City.

Your participation helped make this year's conference a tremendous success! Many thanks to the following:

- Sandi Dorrin / Barb Forbus  
Temps, Inc.
- Dave Rogers  
3M Medical Imaging Systems
- John Caywood  
Mallinckrodt Medical Systems
- Robert Kramer  
LPI Diagnostics
- Morse Branham / Cliff Townsend  
Kansas City X-Ray Corp.
- Rich Marth  
Phillips Medical Systems
- Don Blomstrom / Robbi Arenson  
Instrumentarium Imaging
- Ty Gericke  
Lafayette Pharmaceuticals, Inc.
- Shelly Riedermann  
StarMed Health Personnel
- Tom Daniels  
Siemens Medical Systems
- Kevin Barber  
Clayton X-Ray
- Herb Comstock  
Konica Medical Systems
- Denise Schulte  
E Z EM, Inc.
- Bill Wright  
Berlex Imaging
- Al Eckilson  
Diasonics Ultrasound/Signum Corp.
- Ron Coppola  
Nycomed, Inc.
- Eric Stengle  
Picker International (Equipment)
- Nancy Briney  
Picker International (Products)
- David Batsch  
Picker International



## . . . and 'fore' golf tourney help!

Thanks also to those vendors who donated prizes, merchandise, food and funds for our MSRT Golf Tournament. We couldn't have done it without you!

- 2 CD players  
Paula Stewart  
Phillips Medical Systems
- 2 boxes of golf balls / 12 golf towels  
Morse Branham  
Kansas City X-Ray Corp.
- 2 video cassette players  
GE Medical Systems
- Two \$40 gift certificates  
Jon Alexander  
Berlex Laboratories
- 4 boxes of golf balls  
Kevin Baxter  
Clayton X-Ray
- Souvenir caps for everyone  
Tim Welch  
Eastman Kodak Co.
- Disposable cameras  
Herb Comstock  
Konica
- Donation to cover half the cost of  
banquet room rental  
Laurie Severson  
Bracco Diagnostics, Inc.
- Donation to cover half the cost of  
banquet room rental  
Nancy Briney  
Picker International
- Donation to cover golf  
tournament lunch  
Keith Oser / Robert Bedwell  
General X-Ray
- Coffee and rolls  
Frank Girard  
Girard Silver Recovery
- Coffee break  
J. Andrew Kelley  
Siemens Oncology
- Coffee break  
Teresa Lash  
Fuji America



# Legislative action report . . .

April 10, 1996

The bill for certification of Radiologic Technologists in the State of Missouri (House Bill 1035) is still in the House Committee.

Our lobbyist, Harry Hill, says the House is very "bogged down" and our bill will not likely be heard on the House floor during this session.

Harry would like to put the bill in an "interim committee" that would meet during the summer. This committee would consist of legislators from both the House and the Senate. Hopefully, this will move our bill on through. He will continue to keep us updated on the progress—or lack thereof—of our bill.



To show your support for the bill, contact your state representative, and/or the governor, and let them know how you feel about supporting the registration of Radiologic Technologists.

The addresses are:

■ **To write your state representative:**

The Honorable (insert name)  
State representative  
House of Representative Post Office  
State Capitol Building  
Jefferson City, MO 65101

■ **To write the governor:**

Governor Mel Carnahan  
Office of the Governor  
State Capitol Building  
Jefferson City, MO 65101

Let your voice be heard, one way or the other!

**FYI . . .**

**FYI . . .**

**FYI . . .**

■ **Ways and Means Committee Chairman** Cindy Daniels reported \$135 was raised from on-site drawings at the conference in April.

■ **Entry deadline** is June 14 for the Siemens Essay Competition, open to ASRT members. It's not too late! Call (505) 298-4500 for more information.

■ If you like to look to the future, this contest is for you!

ASRT members, including students, are eligible to compete for the 1997 Nycomed Essay Competition. Manuscripts will be judged on originality, educational or technical value, scholarship, organization of material and mechanics. First prize is \$1,000!

Deadline for entries is Jan. 31, 1997; winners will be honored at the 1997 ASRT Annual Conference June 21-26 in Providence, Rhode Island.

■ **Become a contributor** to ASRT's journals! Both *Radiologic Technology* and *Radiation Therapist* welcome personal opinion pieces, book reviews, technical/professional columns, essays, or scholarly articles (scientific manuscripts reporting research results, technical papers, and certain essays) from members.

Submitted manuscripts are peer-reviewed by members of the ASRT Editorial Review Board.

For information on how to contribute, call (505) 298-4500 or write 15000 Central ave. SE, Albuquerque, NM 87123-3917. They'll be happy to provide a checklist for authors of scholarly manuscripts, and details on submission policies for other columns.



The Radiographer  
Denise M. West, Editor  
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