

**Missouri Cancer Registry
Radiation Oncology Directory Update Form**

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Columbia MO 65205

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Toll free: (866) 240-8809
Email: ecclestond@health.missouri.edu
Website: http://mcr.umh.edu

Facility # (FIN): _____

Entered by: _____

Date: _____

For MCR Use Only

ADMINISTRATIVE FACILITY INFORMATION

Facility Name:		Address (Street or PO Box):	
City, State, Zipcode		Main Phone and Fax:	NPI Number:
Administrator (with title & credentials):		Department:	Phone:
Main contact:		Title:	Department:
Main Contact Phone:	Main Contact Fax:	Main Contact Email:	
Alternate contact: (please include title and department)	Alternate contact phone:	Alternate contact email:	

FACILITY-SPECIFIC INFORMATION

Patient Information Accessed by:

- Handwritten radiation oncology log books
 - Would you like more information on computerizing your patient log using Excel or Access files?
- Electronic files
 - Which software program/vendor do you use?

 - What format is available for exported data (ex., txt file, xls file, etc.)?

- Does your Information System retrieve diagnostic information?
 - Yes No

If Yes, check all that apply:

- ICD-9 CPT
- Free text Other

Comments: