

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

PO Box 718
Columbia MO 65205
Fax: (573) 884 9655
Toll free: (866) 240-8809
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

Electronic Patient Information (files):

- Which software program/vendor do you use?

- What format is available for exported data (ex., HL7, CDA, .txt, .xls, Excel, etc.)?

- When retrieving diagnosis information, what search criteria do you use?
 - ICD-9 CPT
 - Free text Other

Comments: