

# UPLOADING CASES FOR RADIOLOGY CONSULTS VIA AMBRA

To send us cases for radiographic consultation you will need to first combine all you image and clinical material into a single folder. Then you can securely send this folder to us over the internet. Here are the details on how to do this:

### Step 1: Prepare your case for uploading

- Cone beam CT examinations: Please export the image volume in DICOM format into a folder labeled with Patient's Name-DICOM. Most CBCT units will allow you to export the examination in DICOM format. If you need help, please contact the UCLA Oral Radiology Clinic staff at (310)825-1780. Alternatively, you can contact the representative for your CBCT unit.
- Panoramic, cephalometric, and intraoral images: Please send all such images as Jpeg's files in a single folder labeled with the patient's name. If there are also DICOM images, then add that DICOM folder to this folder.
- You may also include any clinical photographs or other relevant clinic information as a word or pdf file. Many electronic patient management systems will allow you to export selected pages from your patient's electronic record in pdf format.
- Once you have assembled all of the files into the "Patient Name" folder, compress the folder. To do this first right click on the folder. Go to: "Send to" and then "Compresses (zipped) folder". You will only need to compress the folder if you are sending non-DICOM files such as but not limited to a Galileos or Morita viewers. If you are sending DICOM files you do not need to compress the folder.

| \land Name 🔺               | Size                                     | туре   | Date Modif      |  |  |
|----------------------------|--|--|-----------------|--|--|
| Doe,John                   | Open<br>Explore<br>Search                | 1 File Folder  | 6/18/2004       |  |  |
|                            | Sharing and Security<br>Scan for Viruses |  |                 |  |  |
|                            | Send To 🔸                                | Compressed (:  | zipped) Folder  |  |  |
| <ul> <li>✓ &lt;</li> </ul> | Cut<br>Copy                              | <ul> <li>Desktop (create shortcut)</li> <li>DirectCD Drive (D)</li> <li>DirectCD Drive (E)</li> <li>Mail Recipient</li> <li>Mail Recipient</li> <li>My Briefcase</li> <li>Monte Schwarz</li> </ul> |                 |  |  |
|                            | Create Shortcut<br>Delete<br>Rename      |  |                 |  |  |
|                            | Properties                               |  |                 |  |  |
|                            | and the second second                    | Shortcut to Te   | ,<br>extPad.exe |  |  |

 You should now have a compressed folder "PatientName.zip". This is the folder that you will send to us.



## Step 2: Upload your case to UCLA Oral Radiology

- Go to the following website: https://ucladentistry.ambrahealth.com/link/f2f41b52-c017-4c8b-9f70-bd0ff2c30dd2
- Once the website opens you will see the screen below. Enter your offices email address.



## ImageShare

Share medical images with UCLA Dentistry

#### 1 Enter your email address

2 Select your image CD or file

3 Upload and share your images

#### Enter your email address

- Next you will see the upload screen
  - If you are uploading non-DICOM files please click the box for DICOM wrapping.
    - Click Choose file and select your compressed file.



- If you are uploading DICOM files **DO NOT** click the DICOM wrapping option.
  - Click Choose file and select your uncompressed file.



## ImageShare

### Share medical images with UCLA Dentistry

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## Choose your images

Select files for DICOM wrapping (Ctrl+click to select multiple)

Choose File...

- Once you have picked your files click upload/open and then you will be asked "Are you sure you want to upload all files" you can say upload or cancel.
- The next section is a fillable questioner, this is where you will provide your patient/office information and the type of reading you are looking for.

| ImageShare   |                        |                                   |                                     |                                   |                    |    |
|--|------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--------------------|----|
| Share medical images w   | rith UCLA D            | entistry                          |                                     |                                   |                    |    |
| 1 Enter your email address<br>2 Select your image CD or file<br><b>3 Upload and share your image</b> | s                      |                                   |                                     |                                   |                    |    |
| Choose your images to  | upload and             | charo                             |                                     |                                   |                    |    |
| Desciption   |                        | Batiant Marrie                    | DOR                                 | 44 1 in -                         | Study Date         |    |
| Description  | Images                 | Patient Name                      | DOB                                 | Modality                          | Study Date         |    |
|  |                        |                                   |                                     |                                   |                    |    |
| DICOM Patient Name   |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    |    |
| DICOM Patient Date of Birth  |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    |    |
| DICOM Gender   |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    |    |
| DICOM Referring Physician  |                        |                                   |                                     |                                   |                    |    |
| DICOM Date of Imaging Acquired   |                        |                                   |                                     |                                   |                    |    |
| Dicom Duis of Indging Acquired   |                        |                                   |                                     |                                   |                    |    |
| Is the DICOM information correct?  |                        |                                   |                                     |                                   |                    |    |
| select   |                        |                                   |                                     |                                   |                    | ~  |
| * Practice Name  |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    |    |
| * Is this a rush request? (24 hour turnaro   | und)                   |                                   |                                     |                                   |                    |    |
| select   |                        |                                   |                                     |                                   |                    | ~  |
| By clicking yes, I am agreeing to the addi   | tional fee of \$25 for | this service.                     |                                     |                                   |                    |    |
| Clinical Indication for Radiologic Examin  | nation (Ctrl+click all | that applies)                     |                                     |                                   |                    | ^  |
| Endodontic evaluation/cracked teeth  |                        |                                   |                                     |                                   |                    |    |
| Implant tooth #s   |                        |                                   |                                     |                                   |                    | ~  |
| * Will this exam be compared with a prior  | imaging examinati      | on?                               |                                     |                                   |                    |    |
| select   |                        |                                   |                                     |                                   |                    | ~  |
| Notes From Referring Provider  |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    |    |
|  |                        |                                   |                                     |                                   |                    | lk |
| It all DICOM fields are not completed abo  | ove, please be sure t  | to include ALL of the following   | j information on the upload: Patier | nt Name, DOB, Gender, Keterring P | hys, & Study Date. |    |
| Message:   |                        |                                   |                                     |                                   |                    |    |
| * Lunderstand this study will be shared  | l with LICLA Dentist   | ry. I have authority to share the | nis study                           |                                   |                    |    |
| - Fonderstand mis arouy will be sildred  | OCDA Deniisi           | .,, domonly to share it           | in may.                             |                                   |                    |    |

 Your patient's information should populate from the uploaded DICOM files. If you are uploading wrapped files the information will not populate. You can adjust DICOM information if it is wrong or provide missing information by answering "No" to the question "Is the DICOM information correct?"

for Use | Terms of Use | Privacy Policy | 11-23-21 05:50:30 MST | +AMBRHEALTHSOLUTIONS0/\$\$+7\_V3.21.8.0 R

- Once the form is completed you will upload the selected study.
- The case will be directly uploaded to the Ambra website and the system automatically emails us to let us know that you have sent a case for radiology consultation.

Some offices find it helpful to call when they are uploading for the first time in order to help guide them through the process, if your office would like to do so please feel free. Should you have any other questions about this process please call us at (310)825-1780.

#### We look forward to working with you!