Outside Images to be Digitized or Imported

Date: _____
Time: _____

Patient Name: _____

Patient UW#: _____

☑ **CD Images to Import**

☐ **Films to Digitize**
# of Films: _____

☐ **Hold at file room for pickup**
or
☑ **Return films/CD to:**

Bone and Joint Clinic
Attn: Suzi Hughes
Box 354740
Seattle, WA 98195-4740

Other Instructions:

Please upload all images into PACS

Images From:

UWMC

Address:

☐ **Plain Films** ☐ **CT** ☐ **MRI** ☐ **NM**
☐ **PET** ☐ **Angio** ☐ **U/S** ☐ **Fluoro**
☑ **Arthroscopy**

Requested by: Suzi Hughes & Shoulder Team
Phone Number: 206 598-4288

Fileroom use only:
Completed by: _____
Dated Completed: _____
Time Completed: _____