

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:

Other Instructions:

Images From:

Address:

Plain Films

CT

MRI

NM

PET

Angio

U/S

Fluoro

Arthroscopy

Requested by: _____

Phone Number: _____

Fileroom use only:

Completed by: _____

Dated Completed: _____

Time Completed: _____