Outside Images to be Digitized or Imported

	Date Needed By:
Time:	
Date:	Other Instructions:
Patient Name:	
Patient UW #:	
What do we do with films/CD?	For Fileroom use only:
RECYCLE/ DESTROY:	ACC number used
NAME TO DESCRIPTIONAL	_
MAIL TO PT'S HOME	
RTN TO SOURCE (films only)	
CALL FOR PICK UP Name	
Number	
	For Fileroom use only:
OTHER INSTRUCTIONS	Completed by:
	Date Completed:
	Time Completed:
D I. dik	
Requested by:	
Contact Phone #:	
Department: Mail CDs/Films to: Attention: Radiology Fileroom Questions: (206)598-2083	

Mail CDs/Films to: Attention: Radiology Fileroom Box 357115 Seattle, WA 98195-7115