

## Outside Images to be Digitized or Imported

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Other Instructions:

Patient Name: \_\_\_\_\_

Patient UW#: \_\_\_\_\_

Images From:

CD Images to Import

Films to Digitize

# of Films: \_\_\_\_\_

Address:

Hold at file room for pickup  
or

Return films/CD to:

Plain Films

CT

MRI

NM

PET

Angio

U/S

Fluoro

Arthroscopy

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fileroom use only:

Completed by: \_\_\_\_\_

Dated Completed: \_\_\_\_\_

Time Completed: \_\_\_\_\_