Your Hospital's Logo

## OUTPATIENT DIAGNOSTIC CENTER

## PATIENT PROCESSING FORM

Here	PATIENT NAME:		DATE:		ARRIVAL TIME:
SERVICE	EXAM ORDERED (√)	EXAM TYPE	EXAM Start	I TIME End	TECHNICIAN (Initials)
RADIOLOGY					
LABORATORY					
CARDIOLOGY					
PFT					
RESPIRATORY					
Special Needs Patien	t COMMENTS:				
		utpatient Questionna	ire" box in th	e general	waiting
area,	, or give it to the red	ceptionist at the Fron	it Desk. THA	NK YOU	
	Outpatient	Diagnostic Patient Processing Form	_RADIOLOGY		PAGE 1 of
Your		TIENT DIAC	SNOST	IC CE	ENTER
	OUTPA				
Your Hospital's	OUTPA	TIENT DIAC			
Your Hospital's Logo	OUTPA <b>PAT</b>	TIENT DIAC	DATE:		RM
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Your Hospital's Logo Here	OUTPA PATIENT NAME:  EXAM ORDERED (\(\))	TIENT DIAC	DATE:	G FO	RM  ARRIVAL TIME:  TECHNICIAN