UNIVERSITY MEDICAL CENTER

X-RAY REQUEST

X-RAY NO.:

CHECK: ☐ CHAIR ☐ STRETCHER ☐ PORTABLE

AGE

EMERGENCY ? ☐ NO ☐ YES

EXAMINATION REQUESTED:

☐ WET READING

CLINICAL DATA AND HISTORY:

ACCOUNTING CODES

PREGNANT ☐ NO ☐ YES ☐ UNK

LMP

DATE

REQUESTED BY

M.D.

8 X 10	10 X 12	11 X 14	14 X 17	

SIGNATURE OF TECH

SIGNATURE OF STUDENT

REMARKS:

TECHNICIAN'S COPY

4/00