

The Edward B. Singleton Department of Radiology WEST CAMPUS – 18200 Katy Freeway, Houston, TX 77094 WEST CAMPUS – Imaging Services Phone: 832-227-1217; Fax: 832-227-1226 Email: mxcuadot@texaschildrens.org

* REQUIRED

Radiology Imaging Services Request Importing/Digitizing Outside Films/CD and/or Radiologist Interpretation

*Date of request:		/ /				Name of Imaging Services Tech:				
		mm	dd	уууу						
*Patient Name:				3333						
L	Last						First			M.I.
*D.O.B.:	/ /			ГСН Medical R	CH Medical Record #					
	mm	dd	yy	уу						
		reviewed (CT		y, US):		7				
Other Pho	me•					Pag	er.			
*Email:							,			
exams wil	l be upload	Nuclear Radi led for film co review of CT/ rposes only	mparison pu	urposes only.	. Please attacl	al (billed i report(s) interpretat s) associated	ion or for futur with studies.	re comparison.	All other
*For inter underlyin	pretation i g illness, p	requests, plea ertinent surg	se provide po ical history, o	ertinent clini etc.).	ical history (br	ief histor	y of present	illness, reason	for examination	n,
imported □ Return □ Return □ Shred/	l to Imagi n to Reque n to Patien Dispose on the second Dispose of the second		cian / Indiv	idual	[Note: Yo patient/p	ur signat atient's fo	ture confirm amily that if	esting formal s that you have a second opini will be billed f	review e informed the on/over-read is or that service.	s requested,]