



FILM REQUEST

FILM CD PACS

South Sound Radiology

3417 Ensign Road NE • Olympia, WA 98506
(360) 493-4600 • FAX (360) 493-5326

PT P/U SSR DEL SSR P/U MAIL ARCHIVE FAX

PT NAME: _____ CHART #: _____

DOB: ____ / ____ / ____ DATE/TIME NEEDED: _____

DR: _____ FAX #: _____

P/U DEL LOCATION _____

MRI CT DEXA U/S MAMMO X-RAY REPORT ONLY

DATE/TIME: _____ INITIALS: _____ SENT: _____