Request to Change Information in PACS (Velox)

	FROM: (Wrong Information)		TO: (Correct Information)
Last Name			
First Name			
D.O.B.			
MRN			
Accession			
Exam Date			
Exam Time			
MERGE IMAGES: Y/N		DELETE	E IMAGES: Y/N
Correct Number of Images:		Correct Number of Images:	
Tech/Site/ Contact Number			
VICKI TEXT Correc	tions to her: (647) 466	1501 OR SEN	D THIS FORM to designate