

X-RAY ASSOCIATES
Verbal Request Form

Date: _____ Time _____

Patient Name _____

CASE # _____ **Procedure** _____

Ordering Physician _____

Telephone # _____ **Fax #** _____

Patient Waiting **Yes** _____ **No** _____

Verbal _____

Fax Typed report **Yes** _____

Typist/Faxed _____

Clerk / Telephoned _____

Clerk / Faxed _____

Other _____