

XRAY FILM CHECKOUT

DATE:

DATE X-RAY TAKEN	X-RAY DEPT. FILE NO.
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PATIENT'S NAME

RATE:	WARD
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PART X-RAYED

SIGNATURE(MEDICAL OFFICER)

NOTE

NO FILMS CHECKED OUT UNLESS SIGNED BY A MEDICAL OFFICER.
SEPARATE FORM REQUIRED FOR EACH FILM, WITH ALL SPACES FILLED.

NHBREM 6470/22(REV 10-02)
ORIGINATOR: RADIOLOGY
NOT KEPT IN MEDICAL RECORD