

**RADIOLOGY DEPARTMENT
HOSPITAL UMUM SARAWAK
REPRINT OF FILEM , REPORT OR REQUESTING BURNING CD
OFFICE HOURS ONLY**

We are a NON-IT department. Any request for reprint of film/report/ burning CD is a labour intensive & costly process. Therefore, we can only allow it in certain circumstances.

You must come to collect your own request. Unjustified /Uncollected requests will be audited and reported to Pengarah Hospital.

| | | | |
|---------------------------------|--------------------------|-----------------------------------|--|
| Burn CD | <input type="checkbox"/> | | |
| Reprint report | <input type="checkbox"/> | | |
| Reprint film | <input type="checkbox"/> | | |
| Date/Type Of Examination | | | |
| Ward / Clinic | | | |
| Patient Name | | | |
| Patient IC Number | | | |
| Reason For Request (with proof) | | | |
| Diagnosis | | | |
| Requesting Specialist | | Requesting Medical Officer | |
| Name : _____ | | Name : _____ | |
| Official Stamp : | | Official Stamp : | |
| Date : _____ | | Handphone Number : _____ | |
| | | Ward / Clinic : _____ | |
| | | Date : _____ | |

| | |
|--|---|
| <p>For Department Use:</p> <p>Approval By</p> <p>Radiologist : _____</p> <p>Reprint /Burning Date : _____</p> <p>By Radiographer : _____</p> <p>-----</p> <p>Released By (Radiologi Staff)</p> <p>Name : _____</p> <p>Date : _____</p> | <p>Taken By</p> <p>By Whom : _____</p> <p>Official Stamp :</p> <p>Date Taken : _____</p> <p>Taken To : _____</p> |
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