



Jawaharlal Institute of Postgraduate Medical Education & Research

[Institute of National Importance under the Ministry of Health & FW, Govt of India]

DEPARTMENT OF RADIO-DIAGNOSIS

Request form for copying images from/uploading outside images to PACS

Name : _____

Hospital ID : _____ OR _____

Study date : _____

BARCODE

Please select the Investigation:

CT MRI DSA

Please select the service needed:

Copy images from PACS Upload outside images to PACS

Reason for copying/uploading images

Consultant Signature with Seal

Note : Forms without consultant Signature and Seal will not be accepted



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