SASMEC @IIUM

REQUEST FORM FOR UPLOADING DICOM IMAGES INTO PACS SYSTEM (ZFP)

NAME :	
I/C NO :	
AGE :	RN :
CLINIC / WARD :	SEX :

Brief summary of clinical status :

Reason for uploading the images (*please tick and fill accordingly*) :

- Referral   : _____(Referral Centre)

- Academic   : _____(Please specify)

- Others   : _____(Please specify)

Requester Signature & Stamp :   Date of Request :

_____   _____

- -

Approved by : Requester Consultant / HOD

Name : _____   Signature & Stamp :
                                                          Date :_____

- -

For office use only :

Received by   : _____   Date : _____

Uploaded by   : _____   Date : _____

Taken by   : _____   Date : _____

1. The images will only be ready in ZFP system within five working days.
2. The images must be in DICOM format.