LIVERPOOL HEALTH SERVICE AUDIO-VISUAL SERVICES

AUDIO-VISUAL REQUEST

Fill in A OR B THEN C

A CLINICAL PHOTOGRAPHY
Patients and specimens only

Patient's Surname

Other Names

Date of Birth Sex Ward Med. Record No.

Clinical Diagnosis:

Medical Officer must obtain prior consent from patient on CR. 20

Details of required clinical photography:

Clinical photographs to be: colour slides ☐ b/w prints ☐

B OTHER SERVICES

Detail your requirements below (and tick boxes where relevant)

Photo ☐ ☐ ☐ Other ☐

Date required:

☐ a.m. ☐ p.m.

Slide type required:
☐ Black and White
☐
☐
☐ Colour from col. original
☐ Computer generated

☐ B/W
☐ Colour
Prints required

☐ Yes
Specify quantity and size
☐ No

C

Your Name Dept. Cost Centre No. Tel./Page No. Date Authorized by

Must be at least: Staff Spec./VMO/HOD/Sns. Lect.

ORACLE-60 /859

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