

Film Library



Leading with Innovation
Serving with Compassion

ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

**From: The Medical Imaging
Film Library
Phone: 416-864-5662**

Payment from:

Name:

Address:

Debit cost centre (for internal only):

Credit MI cost centre: 714151800 – 419000

Patient's Name:

MRN (J #)

For the following:

() Procedure:

() Duplication of Radiographs

_____ 18 X 24 cm @ 5.50 each = \$ _____

_____ 24 X 30 cm @ 6.00 each = \$ _____

_____ 35 X 35 cm @ 7.00 each = \$ _____

_____ 35 X 43 cm @ 7.50 each = \$ _____

_____ CD copy @ 10.00 each = \$ _____

Legal release fee \$50.00 = \$ _____

Total = \$ _____

Date: _____ Signature: _____