



**College of Medicine  
Computer Graphics Request Form**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 IRB number: \_\_\_\_\_

Department:	UT	Erlanger	Other
	Family Med ___ EM Residency Internal Med ___ Orthopaedics ___ OB/GYN ___ Pediatrics ___ Transitional year program ___ Other _____	Plastics ___ PM&R ___ Surgery ___	Department _____ Cost Center _____

**PROJECT / PRESENTATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Originals Provided:**

Electronic	Hard Copy
Email ___ Floppy ___ Zip ___ CD ___ (How many disks?)	Qty / Type
<b>Program:</b>	Comments:
Pagemaker ___ Word ___ Photoshop ___ Quark ___ Powerpoint ___ Publisher ___	Film _____ Book(s) _____ Printout _____ Clippings _____ Other _____
Other _____	

**FINISHED PRODUCT:**

Quantity	Size	Web Page
Slides		
Color Photo		
B&W Photo		
Color Printer		
Poster		
Scans		
Typesetting		
Other		
		<b>other / comments:</b>

Delivered By: \_\_\_\_\_ or Picked up By: \_\_\_\_\_  
 SIGNATURE - DATE SENT SIGNATURE - DATE PICKED UP

**TO BE COMPLETED BY COMPUTER GRAPHICS DEPARTMENT**

FILM USED:	24 EXP / ROLLS USED _____	36 EXP / ROLLS USED _____
	FILM SPEED _____	FILM SPEED _____
TYPESETTING _____	ARTWORK _____	VENDOR _____
SCANS _____	LAYOUT / DESIGN _____	INVOICE _____
BOARDS _____	CD/DISKS _____	AMOUNT _____