

IMAGING

DEPARTMENT: _____ TELEPHONE: _____

DESCRIPTION: _____ TRANSFERRED BY: _____

BOX BEGINNING: _____ BOX ENDING: _____

BEGINNING DATE: _____ **ENDING DATE:** _____

DATES OF THE RECORDS *MUST BE* INCLUDED

APPLICATION# : _____ **ITEM# :** _____

SEE RETENTION SCHEDULE FOR THESE NUMBERS

FOR RECORDS MANAGEMENT USE ONLY

JOB# : _____ **SCANNER# :** _____ **BOX# :** _____

SCANNER OPERATOR: _____ **DATE SCANNED:** _____

CHECKED BY: _____ **DATE CHECKED:** _____