



**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 _____ Plastics ___	Department _____	
Internal Med ___ Orthopaedics ___ PM&R ___		
OB/GYN ___ Pediatrics ___ Surgery ___		
Transitional year program ___		
Other _____		
	Cost Center _____	

PROJECT / PRESENTATION:

Name: _____ **Date:** _____ **Location:** _____

Originals Provided:

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

FINISHED PRODUCT:

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

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 _____