Name: ___________________________ Phone/e-mail: _______________________  
Department: □ Administration    □ Biosciences    □ Clinical Sciences
□ Hospital    □ Preventive Medicine    □ Other: _____________________________
□ Administration    □ Biosciences    □ Clinical Sciences
□ Hospital    □ Preventive Medicine    □ Other: _____________________________
Purpose: □ Publication    □ Public Relations    □ Research
□ Teaching    □ Other: _____________________________
Date/time in: _______________________ Date/time due: _________________________
OSU Account #: _______________________
Authorized Signature: _____________________________
Price: _____________________________

Please select one of the following services:

□ SCANNING:
  □ Book  Quantity: ____________
  □ Flat copies  Quantity: ____________
  □ Radiographs  Quantity: ____________
  □ Slides  Quantity: ____________

□ PHOTOGRAPHY:
  □ Case  Quantity: ____________
  □ Gross  Quantity: ____________
  □ Passport  Quantity: ____________
  □ Public relations  Quantity: ____________
  □ Portrait/Formal  Quantity: ____________
  □ Portrait/Environmental  Quantity: ____________

□ PHOTOMICS:
  _____ # of Fields

Please select one of the following outputs:

□ DIGITAL OUTPUT:
  □ High resolution (tif or psd for print)
  □ Low resolution (jpg for PowerPoint or the web)

□ HARDCOPY OUTPUT:
  □ Black and white prints
  □ Color laser
  □ Photo quality digital prints
  □ CD/DVD burn
  □ Lamination (double-sided)
  □ Poster

# of images: ____________ Quantity: ____________

SPECIAL INSTRUCTIONS: 

Biomedical Media Work Order