



Media Services Job Order Request

Part I - To be completed by the Requester

Note: Average requests require a minimum of 10 working days

Requester Name : Badge No. : Pager No. :
 Department : Extension No. : Cost Code :
 E-mail : Date Required : Time :

Justification :

Department Head/Chairman (Name & Signature)

Date

Illustration And Design

Item	Comments	Item	Comments
<input type="radio"/> Medical Illustration		<input type="radio"/> Certificate	
<input type="radio"/> General Illustration		<input type="radio"/> Graph(s)	
<input type="radio"/> Poster Design		<input type="radio"/> Signs	
<input type="radio"/> Logo Design		<input type="radio"/> Booklet Design	
<input type="radio"/> Brochure Design		<input type="radio"/> Name Plates	
<input type="radio"/> Banner Design		<input type="radio"/> Calligraphy	
<input type="radio"/> Other (please specify)			
<input type="radio"/> Further details			

Video Production

Type of Production (tick appropriate option) Documentary Educational
 Instructional Single Event

Patient

MRN#: Physician Name:
 Room: Bed: Date: Time: Ext:
 Department:
 Location:

Event

Location: Date:

Reproduction

Date: Title :
 Quantity (maximum of 10) :

Video Editing

Room: Bed: Date: Time: Ext:
 Department:
 Location:

Audio Visual

Area To Set Up:

Work / Hardware Requested:	KN #	Qty #
<input type="radio"/> TV and DVD		
<input type="radio"/> LCD Projector		
<input type="radio"/> Sound System		
<input type="radio"/> Lamination		
<input type="radio"/> AV Tech Support		
<input type="radio"/> Other (please specify)		

Received by: Badge No: Date:

Returned by: Badge No: Date:

Photography

Patient

MRN#: Physician Name:
 Room: Bed: Date: Time: Ext:
 Department:
 Location:

Event

Location: Date:

Soft Copy Request (Photos)

Date: Title :
 Photographer Name:
 Room: Bed: Date: Time: Ext:
 Location:
 MRN#: Physician Name:

Digital Signage

Date Covered From: To:

Video: Media Player format is required (Maximum of 3 minutes)
 Video Format: WMV
 Windows Media Video

JPG : Poster size required is
 Width : 45.16 cm
 Height: 22.93 cm

Note: This request is only for patient education & MNG-HA educational purposes.

Part II - To be completed by Media Services Department

Date Received : **Approved** **Disapproved**
 Received by : Assigned To : **Proof-Reading**
 Comments :
 Approved by : Date :

Department Head (Name & Signature)