You must complete and attach this sheet to each document to be scanned. Enter the requested information below to have the scanned document properly filed in the eMedNY Image Repository.

Date of Request: 
PA Review Office Code: 
Forward this form and the attached document to Data Management at:

eMedNY
P.O. BOX 4600
Rensselaer, NY 12144
or Fax to: 1-800-210-7442

ATTACHMENT STICKER:

ALIGN TOP AND LEFT EDGES OF STICKER
ATTACHMENT NUMBER

OVERSIZED

TYPE OF ATTACHMENT:

☐ X-Ray/Film
☐ Oversized Paper
☐ Mold
☐ Other