

X-Ray Purging (a division of MBF Services, Inc)

Office (828) 348-1576 Fax (866) 599-3618

PO Box 868 Lake Junaluska, NC 28745



Facility Name: _____

Primary Contact Name: _____ Title: _____

Phone Number: _____ Extension: _____

Email: _____

Address: _____ City: _____ State: ____ Zip: _____

PURGING EVALUATION FORM

Please complete form to provide basic criteria prior to onsite evaluation

- (1) How many years does your State/Facility require you to retain film records from Last Procedure:
Adult Files: _____ Mammo: _____ Pediatrics: _____
- (2) Are Mammo's and Pediatrics jackets/film filed together with all other procedures: _____
- (3) How many linear feet of files need to be examined for possible purge: _____
(Ex.: A 3' foot shelf of files x 5 Rows high = 15 linear feet of files)
- (4) Is there rolling shelving: _____: If so, what is the aisle width between open sections: _____
- (5) Please **estimate** a percentage of film that you feel will be removed during purge: _____ %
- (6) Are elevators necessary during a purge: _____
- (7) Is your file room accessible from the facility loading dock: _____
- (8) Approximate date of last purge: _____
- (9) Date facility went digital: _____
- (10) How soon would you like to have purge completed by: _____

Please email completed form to: bfirestine@x-raypurging.com or Fax to (866) 599-3618