

**ARIZONA DEPARTMENT OF CORRECTIONS
RADIOLOGY SERVICES STATISTICAL STATEWIDE REPORT**

CONTRACTOR NAME: _____

For Month and Year: _____ **Date Submitted:** _____

ARIZONA STATE PRISON COMPLEX	NUMBER OF INMATES SERVED	NUMBER OF IMAGES PERFORMED
Douglas		
Eyman		
Florence		
Lewis		
Perryville		
Phoenix		
Safford/Ft. Grant		
Tucson		
Winslow		
Yuma		
TOTAL		
COSTS		