



WEEKLY RADIOGRAPHY SCHEDULE IN KENTUCKY



TENTATIVE WORK FOR THE WEEK OF: _____

Licensee: _____ License No. _____

License Contact Person: _____ Telephone No. _____

DAY	TIMES		CLIENT JOB SITE LOCATION/ADDRESS	CLIENT CONTACT PERSON	
	START	STOP		NAME	TEL. NO.
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					
Sun					

Fax to (502) 564-1492 before 8:00 AM Monday of each week. For updates and/or changes to the tentative schedule after submission please call (502) 564-3700 M-F 8:00AM–4:00PM.