Colleen Brady RT (R)(M)
M|State
Radiology Program
900 Highway 34 E.
Detroit Lakes, MN 56501

Dear Colleen

______________________________(observers name) has spent ________ hours observing procedures in our radiology department. During the time he/she was here he/she spent much of his/her time observing: (list types of exams and or modalities):

Sincerely,

________________________________ RT (R)

***Mail to above address attention Colleen Brady B.S. RT (R)(M) Program Director