



PHOTO & GRAPHICS SERVICES

1022 Wedgewood Lane N. Saint Paul, MN 55123 -1935
Phone: (651) 470-0265 Fax (651) 452-1975

DIGITAL RESTORATION AND RETOUCHING REQUEST

WORK ORDER #: _____

ORIGINALS	TYPE	NUMBER	SIZE
Print:	_____		
Description:	_____		
Negative:	_____		
Image Numbers:	_____		
Digital Media:	_____		
File Name:	_____		
Other:	_____		
Description:	_____		
Special Considerations:	_____		

CLIENT REQUEST	OVERALL RETOUCHING INSTRUCTIONS		
Initials	_____		
GENERAL CLEANUP			
	Dust & Mold	_____	
	Scratches	_____	
EXPOSURE CORRECTION			
	Global	_____	
	Specific	_____	
CONTRAST CORRECTION			
	Global	_____	
	Specific	_____	
COLOR CORRECTION			
	Global	_____	
	Specific	_____	

TURNAROUND INFORMATION:

Date/Time In: _____

Date/Time Out: _____

Normal _____

Rush _____

Emergency _____

CLIENT INFORMATION:

Contact Person: _____

Company: _____

Address: _____

City, ST, ZIP: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

DELIVERY INFORMATION:

Call When Complete: _____

Deliver to Above Address: _____

Deliver to Below Address: _____

Contact Person: _____

Company: _____

Address: _____

City, ST, ZIP: _____

Hold for Pick-up: _____

COPYRIGHT INFORMATION:

I / We the customer certify that all that appears on the enclosed medium including, but not limited to - all types of photographic prints, film, removable media, internet downloads, and modem transmissions does not infringe on copyrights of third parties. I / We, the customer, have full rights to request restoration, retouching, and reproductions for the supplied content.

Signature: _____ Date: _____

Client
Request
initials

SPECIFIC RESTORATION INSTRUCTIONS

Client
Request
Initials

SPECIFIC COLORIZATION INSTRUCTIONS

Client
Request
Initials

OVERALL RETOUCHING INSTRUCTIONS

Exposure Corrections: _____

Color Corrections: _____

Contrast Corrections: _____

General Clean - Up: _____

Face Areas: _____

Eyes / Iris Color: _____

Teeth / Braces: _____

Forehead: _____

Nose: _____

Blemishes / Scars: _____

CLIENT APPROVAL:

I / We the customer have read and understand the restoration/retouching instructions within this document and approve of the changes to be performed as agreed upon. It is also agreed that a 50% down payment is due at the start of production on all projects.

Signature: _____

Date: _____