

<b>Radiology Type</b>	<b>Request to Scanned Average (days)</b>	<b>Scan to Reported Average (days)</b>
GP Ultrasound	18.4	0.3
GP X-ray	11.1	12.0
Outpatient CT	13.3	3.2
Outpatient MRI	23.9	4.3
Outpatient Ultrasound	14.5	0.3
Outpatient X-ray	6.3	4.9