



Article Request Form

Today's Date: _____

Name: _____ Department: _____

Phone/Beeper: _____ Home Phone: _____

Email: _____

When requesting copies of ARTICLES please attach a list to this form. The articles and list will be sent back to you by the delivery method you indicate below.

Deliver To: Hosp. Dept. Drs. Mailbox Pickup in Library

Fax _____

Mail: Office Home

Articles Needed By: _____

Resident Paper? Yes No

You will be contacted if there is a charge for the article(s).

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