



REQUISITION: Outpatient Practices – Location/s Card

This form is for Stony Brook Medicine outpatient (ambulatory) practices only.

All information must be filled out to process order efficiently. Please do not write in shaded areas.
Please allow at least 2 weeks for processing.

REQUISITION NUMBER: (AUTOMATICALLY ASSIGNED AFTER PRINTING)

BILLING	Department/Office			
	Account #		Type of Account	
	Ordered By		Authorized Signature	Date
	Job #	PO #	Date to Printer	Due Out

CONTACT (In case we have a question)	Name		Phone
	Email		Fax

SUBMIT FORM TO	Interoffice Health Sciences Print Center, Health Sciences Tower, Level 1, (Internal Zip = 8013)	Email James.Manssino@stonybrookmedicine.edu	Questions? Call (631) 444-2642
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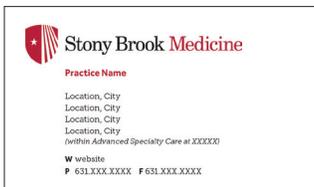
STYLE/TYPE OF CARD NEEDED All cards will be printed red and black.	Outpatient Practices - Location/s only
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ORDER (Please use separate order form for each item.)	Quantity (1 box = 500 cards) _____		
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Information for Practice Cards (cards can have up to 4 locations; please indicate if within an Advanced Specialty Care facility)			
Practice Name _____			
Location 1: Address, City _____			
Location 2: Address, City _____			
Location 3: Address, City _____			
Location 4: Address, City _____			
Website _____			
Phone _____			
Fax _____			

DELIVERY (Note: Don't forget to keep a copy for your records.)	Building/Floor/Room		Department/Office (if different from billing)	
	No. of Boxes	Received By	Date Received	

EXAMPLE
This example is for illustrative purposes only. Scan the QR code to view more examples on our website.



www.stonybrook.edu/procurement