

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.




Stony Brook Medicine
Practice Name
 Location, City
 Location, City
 Location, City
 Location, City
 (within Advanced Specialty Care at XXXXX)
 Website
 P 631.XXX.XXXX F 631.XXX.XXXX

www.stonybrook.edu/procurement