

REQUISITION: Outpatient Practices – Business 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.Mansino@stonybrookmedicine.edu	Questions? Call (631) 444-2642
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STYLE/TYPE OF CARD NEEDED

(Check appropriate box. All University and Medicine cards will be printed red and black. All others will be as specified.)

One practice, one provider/staff member, one location
 One practice, one provider/staff member, multiple locations
 One practice, multiple providers/staff members, one location
 One practice, multiple providers/staff members, multiple locations

ORDER

(Please use separate order form for each item.)

Quantity (1 box = 500 cards) _____

Information for Business Cards (for multiple providers and/or addresses, please include the below information on a separate sheet when ordering)

Practice or Department Name _____

Provider (or staff member) Name, credentials (if applicable) _____

Title (if more than one, please add on second line) _____

Clinical or additional titles (optional) _____

Practice Address _____

City/State _____ Zip + 4 number _____

Check below if this is within an Advanced Specialty Care location:

Commack Lake Grove Riverhead Stony Brook Mattituck (Advanced Primary and Specialty Care)

Phone _____ Fax (optional) _____

Home Phone, Pager or Cell Number (optional) _____

Email (optional) _____

Website (optional) _____

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	

EXAMPLES

These examples are for illustrative purposes only. Scan the QR code to view more examples on our website.



 <p>One practice, one provider, one location</p>	 <p>One practice, multiple providers, multiple locations</p>	 <p>One practice, multiple providers, one location</p>
 <p>One practice, one provider, multiple locations</p>	 <p>One practice, one provider, multiple locations</p>	 <p>One practice, one provider, multiple locations</p>