



Medical Library  
Holy Cross Hospital

## Literature Request Form

<b>Name of Person Requesting Literature (MD or RN)</b>	
<b>Phone #</b>	
<b>Fax #</b>	
<b>e-mail address</b>	
<b>Title of Journal</b>	
<b>Title of Article</b>	
<b>Article Location</b>	<b>Volume:                      Number:</b> <b>Year:                              Pages:</b>
<b>Author of Article</b>	
<b>General Topic for Database Search</b>	

1. Print out and complete the form
2. Fax to (954) 958-4897

Questions? Call (954) 776-3267