



# SEARCH REQUEST FORM

*Lewistown Hospital Jane Karn Memorial Medical Library*

DATE REQUESTED: \_\_\_\_\_ NEED BY DATE: \_\_\_\_\_

REQUESTOR/CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS (FOR OUT OF HOUSE REQUEST): \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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TYPE OF REQUEST:       JOURNAL ARTICLES       TOPIC SEARCH

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## FOR JOURNAL ARTICLES SEARCHES:

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. THIS WILL ALLOW THE LIBRARY STAFF TO RESEARCH YOUR REQUEST QUICKLY AND MORE EFFICIENTLY.

TITLE OF JOURNAL: \_\_\_\_\_

TITLE OF ARTICLE:

AUTHORS OF ARTICLE: \_\_\_\_\_

MONTH & YEAR OF JOURNAL: \_\_\_\_\_ PAGES: \_\_\_\_\_

PMID #: \_\_\_\_\_

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## FOR TOPIC SEARCHES:

IN THE SPACE PROVIDED BELOW, PLEASE WRITE A DETAILED DESCRIPTION OF YOUR TOPIC. THIS WILL HELP THE LIBRARY STAFF COMPILER A LIST OF JOURNALS OR INFORMATION REGARDING YOUR REQUEST.

TOPIC OR SUBJECT:

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DELIVERY REQUEST:       INTEROFFICE MAIL       MAIL (FOR OUT OF HOUSE REQUESTS)

FAX: \_\_\_\_\_  EMAIL: \_\_\_\_\_