

PRINTING SERVICES ONLINE COPY/LAMINATING REQUEST

This process should not be used for ordering anything with a form number assigned to it (Medical Center, Departmental or Medical Record forms). Use Form 261 Forms Library Request and send to Linda Coulter - HIM Dept.

INSTRUCTIONS:

- Please complete all information below.
- If the job contains multiple files, convert all files into one print ready pdf.
- Allow 4 - 5 working days after being received for completion of job. Allow extra time for quantities over 5000.
- Please allow 10 days for laminating requests.
- Please fax request to 14607 or email request to printingservices@bryanhealth.org. Orders will not be processed if not accompanied by a request.
- We will not copy or duplicate any material which has a valid copyright without written permission of the copyright owner. Please supply a copy of this with your request.
- For questions or concerns please call ext. 14600 or 14602

Name: _____ Today's Date: _____ Date Due: _____

Department: _____ Extension: _____ East West

Description of Job/Name of Attachment: _____

(Description of job should match the file name)

Number of Originals (pages) _____ Front Only Black & White

Number of Copies needed _____ Front & Back Color

PAPER INFORMATION		BINDERY INFORMATION	
8 1/2 x 11 <input type="checkbox"/> White <input type="checkbox"/> Canary <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Pink Carbonless <input type="checkbox"/> 2-part (white/canary) <input type="checkbox"/> 3-part (white/canary/pink) <input type="checkbox"/> Other _____ *Special order stock will be charged to your cost center.	8 1/2 x 14 <input type="checkbox"/> White 11 x 17 <input type="checkbox"/> White 8 1/2 x 11 Cardstock <input type="checkbox"/> White <input type="checkbox"/> Canary <input type="checkbox"/> Blue <input type="checkbox"/> Green	<input type="checkbox"/> Collate Staple: <input type="checkbox"/> Corner <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Drill <input type="checkbox"/> 3-hole <input type="checkbox"/> 5-hole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fold <input type="checkbox"/> Letterfold <input type="checkbox"/> 1/2 Fold <input type="checkbox"/> Z-Fold <input type="checkbox"/> Padded: <input type="checkbox"/> 50's <input type="checkbox"/> 100's <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Black <input type="checkbox"/> Cover: Color _____ <input type="checkbox"/> Laminate (customized shapes will be sent back untrimmed, we will do basic straight trimming) Please allow a 10 day turn around for laminating.	Max. # of pages stapled 75
BUSINESS CARDS			
<input type="checkbox"/> <u>No Changes</u> - Attach a sample of your current card <input type="checkbox"/> <u>Changes</u> - Attached card with changes indicated			
<input type="checkbox"/> <u>New Card</u> - Write out Information under SPECIAL INSTRUCTIONS. Quantity: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500			
<input type="checkbox"/> <u>Single sided</u> <input type="checkbox"/> <u>Double sided</u>			

SPECIAL INSTRUCTIONS:

DELIVERY INFORMATION:

Deliver To: *Cost Center _____ Please indicate East West

Department: _____ Name: _____

Key Operator: _____

Sent out for Delivery: _____ Date: _____