Medical Library
Holy Cross Hospital

Literature Request Form

Name of Person Requesting Literature (MD or RN)	
Phone #	
Fax #	
e-mail address	
Title of Journal	
Article Location	**Volume:** **Issue:** **Year:** **Pages:**
Title of Article	
Author(s) of Article	
General Topic for Database Search **(if requesting topic search only)**	

1. Print out and complete the form
2. Fax to (954) 776-3224

Questions? Call (954) 958-4826

Rev 2/2/11