

PRINTING REQUEST FORM

Instructions: Complete all applicable sections of this form, then press "Send!" button to email form, or fax completed form to 513-556-5472.

Today's Date: _____ Completion Deadline: _____
(do not put asap/stat)

Name: _____

Service Location _____ Department/Cost #: _____

Department: _____ Phone: _____ Fax: _____

Name/Description of Material(s): **HIPAA BOOKLET**

HIPAA Booklet English
Quantity: _____

HIPAA Booklet Spanish
Quantity: _____

PLEASE NOTE:
All **HIPAA Posters** need to be ordered by UC Health Facilities. Please contact Doug Chambers, Doug.Chambers@UCHealth.com to order a poster.

OTHER INSTRUCTIONS

FOR PRINTING DEPARTMENT USE ONLY

Printed by/Date: _____ Bindery by/Date: _____ Shipped by/Date: _____ Rev.3/21

DELIVERY INSTRUCTIONS (Be specific; if more than one delivery location, attach a second sheet with appropriate information.)
MUST BE FULLY COMPLETED FOR SUCCESSFUL DELIVERY OF YOUR PRINTING REQUEST.

Name: _____ Phone: _____

Service Location: _____ Building: _____

Department: _____ Floor: _____ Room: _____