Instructions for use of the Document Delivery form
for the Borland Library

* Complete one form for each item requested
* Print or type information

Explanation of fields:

DATE - date the request is being ordered
NAME - first and last name of patron
DEPARTMENT OR FIRM NAME - hospital department or outside firm name of the patron
ADDRESS - complete billing address including city, state and zip code
PHONE NUMBER - telephone number or pager number of patron
FAX NUMBER - if the request is to be faxed include fax phone number
AUTHORIZED BY - all requests must be authorized by the individual responsible for payment.
CHARGE TO - circle one that applies
  Individual - if the item is charged to the person in the NAME field.
  Department/Firm - if the item is charged to the Department of Firm
DELIVERY TYPE - circle how the item will be delivered to you
INTERLIBRARY LOAN APPROVED - If the item is not available at Borland or at one of the in town consortium libraries we can obtain them for a fee. (Please call the library for the fee structure) If you are approving this circle YES, if not, circle NO
MAX COST - maximum cost you will pay for this item

For a Journal Article Request fill in the left side of form:
  JOURNAL TITLE - complete journal title
  AUTHOR - author of article, include first initial or first name
  VOLUME - volume number
  ISSUE - issue number
  PAGES - page numbers (beginning and ending)
  DATE - date of article, year and month
  ARTICLE TITLE - article title
  VERIFICATION - see below*

For a Book Request fill out the right side of the form:
  AUTHOR(S) - author of book
  TITLE - complete title of book, do not abbreviate
  EDITION - edition of book
  DATE PUBLISHED - publication date
  PUBLISHER - publisher
  PLACE OF PUBLICATION - place of publication

*VERIFICATION - For faster service, if your citation is from a computer (MEDLINE, CINAHL etc..) search, include the UI or PMID number here. Also include the database. If not from a computer search include the source of the citation.