



MEDICAL LIBRARY

REQUEST FORM

Date	Name & Department	
<input type="text"/>	<input type="text"/>	
Date Needed	Phone/Ext. /Pager	Email Address
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Article or **Book** Give information below OR attach a copy of where you found the

Journal or Book Title

Author(s)

Article (or Book Chapter) Title

Month /Year **Volume /Issue /Pages**

Literature Search

- **Problem or Patient Population:**
- **Intervention:**
- **Comparison:**
- **Outcome:**

Limits: Please indicate below any limits you would like to apply to your search.

English Language Only **EIRMC holding only** **Review articles** **Evidence-based**

Limit to ages _____ Limit to last 5 years or _____ Limit to 20 citations or _____