

***This order form is for UAB MEDICINE only.***

**Submit new orders, revisions or reprints to UAB Printing & Mailing, [printingservices@uab.edu](mailto:printingservices@uab.edu). Questions, please call 205.934.3790.**

☐ **Option 1** (1 sided only)

**UAB MEDICINE.**

Department/Service \_\_\_\_\_

Next Appointment \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

BLDG 000 • 000 00th Avenue/Street South  
Birmingham, AL 00000-0000  
205.000.0000 • Fax: 205.000.0000  
Please make cancellations at least 24 hours in advance.

☐ **Option 2** (1 sided only)

**UAB MEDICINE.**

\_\_\_\_\_ has an appointment with  
**Name, Degrees**

BLDG 000 • 000 00th Avenue/Street South  
Birmingham, AL 00000-0000  
205.000.0000

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

\_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

☐ **Option 3** (1 sided only)

**UAB MEDICINE.**

\_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

<b>Department/Service</b> 0000 Building Name 000 00th Avenue/Street South Birmingham, AL 00000-0000 205.000.0000 • Fax: 205.000.0000	<b>Mailing Address:</b> BLDG 000 000 00th Avenue/Street South Birmingham, AL 00000-0000
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**NOTE: 1 sided card fronts can not be used with the 2 sided card back.**

☐ **Option 4**

(front)

(back)

<b>UAB MEDICINE.</b> <b>Name Name, Degrees</b> Title _____		<b>Name Name, Degrees</b> Title _____	
<b>Department/Service</b> 0000 Building Name 000 00th Avenue/Street South Birmingham, AL 00000-0000 205.000.0000 • Fax: 205.000.0000		<b>Mailing Address:</b> BLDG 000 000 00th Avenue/Street South Birmingham, AL 00000-0000	

Appointment Date: _____
Appointment Time: _____
Test Scheduled: _____
Test Time: _____

## INFO TO BE PRINTED ON CARD:

**Please complete all relevant fields for the selected template; otherwise, content may be adjusted or omitted to fit, and major revisions will require UAB Marketing approval.**

Name, Degrees \_\_\_\_\_

Department/Service \_\_\_\_\_

# Building Name \_\_\_\_\_ Address \_\_\_\_\_

Office # \_\_\_\_\_ Fax # \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

## MAILING ADDRESS:

**Building Code and Room/Suite # are required.**

Building Code and Room/Suite # \_\_\_\_\_



### UAB CAMPUS:

1720 2nd Avenue South  
Birmingham, AL 35294-\_\_\_\_



### UAB HOSPITAL:

**(4-digit zip required)**  
619 19th Street South  
Birmingham, AL 35249-\_\_\_\_



### TKC OF UAB HOSPITAL:

2000 6th Avenue South  
Birmingham, AL 35233-0271



### OFF CAMPUS:

\_\_\_\_\_  
\_\_\_\_\_

UAB MEDICINE Appointment Card - page 2

If you are using an HSF account number, you must supply an HSF Internal Requisition.  
The HSF requisition must have the account number, object code, and the  
departmental authorized signature.

For Oracle account numbers, provide GL or GA string in space provided at bottom of page.

REQUESTED BY UAB EXT. / EMAIL

AUTHORIZED BY UAB EXT. / EMAIL

DEPARTMENT

BUILDING ROOM NUMBER

DELIVER TO

NAME UAB EXT. / EMAIL

BUILDING ROOM NUMBER

SEND PROOF TO NAME EMAIL

QUANTITY	GREEN LOGO	BLACK LOGO	UAB MEDICINE MONOGRAM CAN BE GREEN OR BLACK
	<input type="checkbox"/> 500	<input type="checkbox"/> 500	
	<input type="checkbox"/> 1000	<input type="checkbox"/> 1000	
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	

For Oracle account numbers, fill out the information below. For HSF account numbers, please attach an HSF Internal Requisition.

DEBIT (DECREASE) ACCOUNT	
GL String	Debit Amount (optional)
<div></div>	<div></div>

GA String	Debit Amount (optional)
<div></div>	<div></div>