

PRESS FIRMLY – YOU ARE MAKING SEVERAL COPIES  
 Form 3041/2 (if 2 part set) Form 3041/3 (if 3 part set)

### REQUISITION AND CHARGE

- |  |   |
|--|---|
| <input type="checkbox"/> Pharmacy              | <input type="checkbox"/> Occup. Therapy   |
| <input type="checkbox"/> Central Supply        | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> X-Ray                 | <input type="checkbox"/> Speech Therapy   |
| <input type="checkbox"/> Laboratory            | <input type="checkbox"/> Rental Equip.    |
| <input type="checkbox"/> Emergency; Outpatient | <input type="checkbox"/> _____            |

Date  
 Patient  
 Pat. No.  
 Room or  
 Ward No.  
 If Outpatient  
 Address  
 Phone

SPECIFY SERVICE OR SUPPLY INDICATE IF CREDIT	CHARGE

REG. NO. \_\_\_\_\_ ORDERED BY \_\_\_\_\_

CR-062 2-part (2/22)

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