

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

If you need to order UAB University branded, please go to:

<https://www.uab.edu/toolkit/uab-brand/templates/stationery-business-cards>

If you have a **PREVIOUSLY PRINTED SAMPLE**, and there are **NO CHANGES**, attach the sample along with the ordering information on page 2 of this document. If there are **ANY CHANGES**, note them on your sample and attach the revised sample along with the ordering information. If you are submitting a brand new order, you may use someone else's card as a sample or fill out the information below. **Whether your order is new, has changes, or has no changes, please see page 2 of this document to fill out the ORDERING INFORMATION.** If you have questions, please call 934-3790.

**UAB Printing - PH 934-3790 - Fax 934-3798 - printingservices@uab.edu**



\_\_\_\_\_  
NAME & TERMINAL DEGREE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
(DIVISION - OPTIONAL)

\_\_\_\_\_  
(ROOM # AND OFFICIAL BUILDING NAME)

\_\_\_\_\_  
(STREET ADDRESS OF ABOVE BUILDING)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(FAX)

\_\_\_\_\_  
(CELL - OPTIONAL)

\_\_\_\_\_  
(E-MAIL - OPTIONAL)

\_\_\_\_\_  
(WEB ADDRESS - OPTIONAL)

**MAILING ADDRESS:**

\_\_\_\_\_  
(BUILDING ABBREVIATION AND ROOM #)

**One Address Option**



**Rett J. Grover, MSHA, MBA**  
Chief Executive Officer

**Callahan Eye Hospital & Clinics**  
Hospital Administration  
205.000.0000  
email@uabmc.edu

UAB Callahan Eye Hospital  
Suite 305  
1720 University Boulevard  
Birmingham, AL 35233

**Two Address Option**



**Name Name, MD**  
Title

**Department**  
000 Building Name  
000 00th Avenue/Street South  
205.000.0000 • 205.000.0000 Cell  
205.000.0000 Fax  
email@uabmc.edu

web address if needed  
**Mailing Address:**  
BLDG 000  
619 19th Street South  
Birmingham, AL 35249-0000

**UAB CAMPUS:**

1720 2ND AVE S  
BIRMINGHAM AL 35294- \_ \_ \_ \_

**UAB HOSPITAL 4-digit zip required:**

619 19TH ST S  
BIRMINGHAM AL 35249- \_ \_ \_ \_

**THE KIRKLIN CLINIC OF UAB HOSPITAL:**

2000 6TH AVE S  
BIRMINGHAM AL 35233-0271

**OFF CAMPUS:**

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

# UAB MEDICINE Business Card - page 2

UAB Printing - PH 934-3790 - Fax 934-3798 - printingservices@uab.edu

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, see page 2 of this request form.

REQUESTED BY \_\_\_\_\_ UAB EXT. / EMAIL \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ UAB EXT. / EMAIL \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

BUILDING \_\_\_\_\_ ROOM NUMBER \_\_\_\_\_ FAX # \_\_\_\_\_

DELIVER TO \_\_\_\_\_

NAME \_\_\_\_\_ UAB EXT. / EMAIL \_\_\_\_\_

BUILDING \_\_\_\_\_ ROOM NUMBER \_\_\_\_\_ FAX # \_\_\_\_\_

SEND PROOF TO \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

QUANTITY	GREEN LOGO	BLACK LOGO
	<input type="checkbox"/> 100	<input type="checkbox"/> 100
	<input type="checkbox"/> 250	<input type="checkbox"/> 250
	<input type="checkbox"/> 500	<input type="checkbox"/> 500
	<input type="checkbox"/> 1000	<input type="checkbox"/> 1000
OTHER QUANTITY	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**GA String** **Debit Amount (optional)**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please sign here and note the date to acknowledge delivery: RECEIVED BY (please print legibly) \_\_\_\_\_ DATE \_\_\_\_\_