STONY BROOK UNIVERSITY HOSPITAL
REQUEST FOR CERNER PRINTER

PLEASE PRINT CLEARLY

1) TYPE OF PRINTER:
   Manufacturer: ____________________
   Model: ___________________
   Post Script Enabled: □ YES □ NO

2) IP ADDRESS OF PRINTER: ___________________

3) CONTACT PERSON: ________________________ PHONE #: _________

4) IS THIS PRINTER USED BY SMS: □ YES □ NO
   IF YES, PRINTER ID: ________________

5) PHYSICAL LOCATION:
   □ HOSPITAL □ HSC □ OTHER: _____________
   FLOOR:______
   ROOM:_______

Requestor Name:________________________________  Dept. Name:____________________________
Title:__________________________________________   Location: ______________________________
Phone Extension:________________________
Requestor Signature:_______________________________________  Date:____________

FAX COMPLETED FORM TO:
Information Technology
L3-HSC Rm. 121
Z= 8037 (Phone: 4-4357)
FAX: 631-632-2427

STATE UNIVERSITY OF NEW YORK
UNIVERSITY HOSPITAL
STONY BROOK, NEW YORK 11794

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