Rochester Medical Museum and Archives
333 Humboldt St.
Rochester N.Y. 14610
Phone - 585-922-1847 fax – 585-922-0018

RESEARCH REQUEST

Name:		Date:	
Address/Dept:		Phone:	
City:		Fax	
Email:		Deadline	
Charges not to exceed amount:		Hosp. Acct: *	

Subject of Research:

Details requested:

Material / Services provided:

(Requests subject to charges for research **exceeding one hour**, or for materials, and photo copies.)

OFFICE USE:

Researched by:		**Date completed**	
Charge back Fee: *		**Parking $**	
Time/hrs		**@ Research Fee**	
Copies:	**@$**	**Total Fee$**	

Instructions: Print out this form, fill out pertinent information and mail to the above address. Your request will be answered within one business week.

* *- Hospital inter-departmental requests only*