

DUKE UNIVERSITY AND HEALTH SYSTEM

HOSPITAL STAY REQUEST FORM

(Use this form in the event of hospitalization of a Duke employee.)

To order a flower arrangement for a Duke employee admitted to Duke Hospital, Durham Regional Hospital, or Raleigh Community Hospital, please complete this form in its entirety and contact one of the approved florists listed below to place your order.

EMPLOYEE NAME:	
HOSPITAL:	<input type="checkbox"/> Duke Hospital <input type="checkbox"/> Durham Regional Hospital <input type="checkbox"/> Raleigh Community Hospital
PATIENT ROOM NUMBER (required): 24-hour hospital stay required in order to receive flowers.	

REASON FOR HOSPITALIZATION

<input type="checkbox"/> Illness <input type="checkbox"/> Childbirth (Baby Girl) <input type="checkbox"/> Childbirth (Baby Boy)			
DATE OF DISCHARGE:	/ /	TIME OF DISCHARGE:	

DEPARTMENT INFORMATION

NAME OF CONTACT PERSON:			
DEPARTMENT NAME:			
EMAIL ADDRESS:			
PHONE:			
COST CENTER:			
DEPARTMENT HEAD SIGNATURE:			
DATE OF REQUEST:	/ /	TIME OF REQUEST:	

APPROVED FLORISTS (select one)

<input type="checkbox"/> Ninth Street Flowers 919.286.5640 Fax: 919.287.2992	<input type="checkbox"/> Sandy's Creations 919.688.4821 Fax: 919.682.4562
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