MOHAWK HOSPITAL SERVICES
ON DEMAND LINEN FORM

5 ERP RES

Electralphysiology Research -University

DATE:_____

MHSI FAX # 905 388 6577

DATE REQUIRED:_____

LINEN ITEM	AMOUNT REQUIRED
GO10X FACE CLOTH	
GO1WH LDY. BAG WHITE	
GO21W BATH TOWEL	

CONTACT PERSON: Judy Shedden

PHONE: 905 525 - 9140 Ext. 24345

FAX: 905 529-6225

FOR INFORMATION REGARDING SHIPPING ORDERS , PLEASE CALL 905 388 9592