



Library Recommendation Form

Request from:

Name: _____ Position: _____

Department: _____ Telephone/Email: _____

Dear Librarian,

I would like to recommend that the library purchases a subscription to the journal(s) below:

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
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| Hand Therapy | <input type="checkbox"/> | Menopause International | <input type="checkbox"/> |
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| International Journal of STD & AIDS | <input type="checkbox"/> | Phlebology | <input type="checkbox"/> |
| International Journal of Care Pathways | <input type="checkbox"/> | Scottish Medical Journal | <input type="checkbox"/> |
| Journal of Health Services Research & Policy | <input type="checkbox"/> | Tropical Doctor | <input type="checkbox"/> |
| Journal of Medical Biography | <input type="checkbox"/> | Ultrasound | <input type="checkbox"/> |
| Journal of Medical Screening | <input type="checkbox"/> | Vascular | <input type="checkbox"/> |
| Journal of the Royal Society of Medicine | <input type="checkbox"/> | | |

Because:

- This journal is an essential resource for my department
- I will recommend its use to my students
- I have published/intend to publish articles within this journal and therefore support it

Other: _____

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