



Tuba City
Regional Health Care Corporation

Office of Native and Spiritual Medicine

Service Request Form

Requestor Name: _____

Requestor Title: _____

Organization: _____

Contact Phone Number: _____ Work Phone Number: _____

Email Address: _____

Type of Event/Function: _____

Place of event: _____

Date of event: _____ Time of event: _____

Type of service request:

Traditional service

Cultural presentation*

Topic of presentation: _____

Length of presentation: _____

Computer available: Yes No

Projector available: Yes No

*See list of presentations at <http://tchealth.org/onsm>

Office of Native and Spiritual Medicine
Tuba City Regional Health Care Corporation

Patrick Boone Coordinator
Phone: (928)283-1372 or ext: 40016
Fax: 928-283-2591
Email: Patrick.boone@tchealth.org