



Clinical Coordination

PYXIS REQUEST FORM

SCHOOL NAME: _____

COMPLETED BY: _____

Clinical Start Date: _____ Level: _____

PHS Facility: _____ Unit: _____

Instructor Name	Is this a new Instructor to PHS? (Y/N)	Unit(s) Assignment(s)	Is this a new Unit for the Instructor? (Y/N)

Comments: _____

Thank you - The Nursing Student Coordination Team
nsgstudentcoordinator@phs.org