

Medical College of Georgia

Scrub Suit Size Form

PRINT CLEARLY

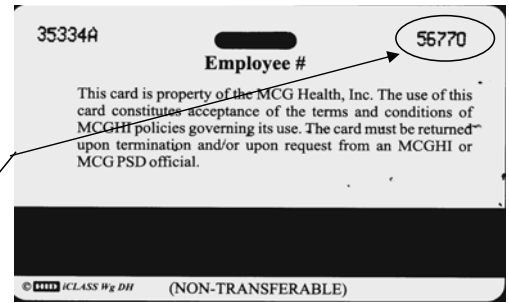
Last Name _____

First Name _____

MCGHI Hospital Badge # _____

(Up to 6 Digits - See example - upper right corner # 56770)

Contact Phone/Pager #: _____



Note: Badge Used for scrubEx Access

Physicians

Service/Department: _____

Title: _____

Students:

Department/Service of Rotation: _____

Rotation Dates: _____

(Exact Dates (month/day/year) - (Example: 10/15/08 - 12/1/08))

Hospital Employees:

Please check one of the following for Occupation

☐ Ancillary Staff
☐ Anesthesia Tech
☐ Anesthetist/Anesthesiologist
☐ CSR Staff
☐ Endoscopy Staff
☐ Nurse

☐ OB Tech
☐ OR Assistant
☐ OR Tech
☐ OR Staff
☐ PCT
☐ Perfusion

☐ Pharmacist
☐ Physician/Assistant
☐ Rad Tech
☐ Resident
☐ Respiratory Therapy
☐ Surg Tech
☐ Other (specify) _____

Hospital Employees:

Please check one of the following for Department

☐ Angio
☐ Cath Lab
☐ Central Sterile
☐ Interventional Radiology
☐ Labor & Delivery

☐ Linen Services
☐ NICU
☐ PACU
☐ Pharmacy
☐ OR - Adult

☐ OR - CMC
☐ Radiology
☐ SPENDO
☐ Other (specify) _____

I am requesting access to the scrub machines located in the:

Adult OR ☐

CMC OR ☐

L&D OR ☐

Choose Your Scrub Suit Size

(Pick only one size)

☐ Small
☐ Medium
☐ Large
☐ X-Large
☐ 2X
☐ 3X
☐ 4X
☐ 5X

Choose Your Jacket Suit Size

(Pick only one size)

☐ Small
☐ Medium
☐ Large
☐ X-Large
☐ 2X
☐ 3X

This Area To Be Completed By Department Director / Manager / Coordinator

Please select the appropriate location for approved access

Machine Location:

☐

Adult OR

☐

CMC OR

☐

L&D OR

Authorizing Signature _____ (Director/Manager/Coordinator)

Department / Office Phone Extension _____

Please Return the Completed Form to:

Materials Management

c/o Linen Services

1120 15th Street, BL-1002

Fax - 706-721-1673

Email - mjones@mail.mcg.edu

Please use "Scrub Size Form" in the subject line

For questions about this form - please contact Linen Services at 706-721-3579 or 706-721-3572