

Scrub Suit Size Form

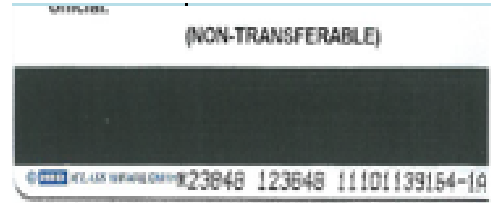
PRINT CLEARLY

Last Name _____

First Name _____

AU Badge# _____
(* + 5 Digits: See example-bottom of badge * _ _ _ _ _)

Contact Phone/Pager #: _____



Note: Badge Used for scrubEX Access

AU EMPLOYEES:

Name of Service / Department: _____

Student / Resident / Intern / Fellow:

** (Exact Dates (month/day/year) (Example: 07/01/18-09/30/18))*

Name of Department/Service of Rotation: _____

*** **Rotation Dates: (Start and Ending Dates)** _____

Occupation / Classification:

Please check one of the following:

- Anesthesiologist/CRNA
- DDS / DMD (Dentistry)
- Nurse
- Perfusionist

- Physician
- Physician (**Surgeon**)
- Professor / Faculty
- Resident / Intern / Fellow (**Dates*)

- Staff (Employee)
- Student (**Dates*)
- Tech

AU Department:

Please check one of the following:

- Adult OR / PACU
- Anesthesiology
- Cardiology
- Cath Lab - Adult / Peds
- Central Distribution
- CHOG OR / PACU
- Clinical Research
- CSR (Central Sterile Reprocessing)
- Dentistry- General / Peds / Oral
- Digestive Health
- Emergency Medicine
- Epidemiology
- Family Medicine

- Gastroenterology
- Internal Medicine
- L&D - OB/GYN
- Medical Illustration
- Medicine
- Neurosurgery
- Neurology
- Nursing Dept.
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology

- Perfusion
- Pharmacy
- Physician Assistant Dept.
- PICU
- Plastics
- Pulmonology
- Radiology
- Surgery (General)**
- Transplant
- Trauma
- Urology
- Vascular

Requesting access to the scrub machines located in the:

Adult OR CHOG OR L&D OR Adult Cath Lab

Choose Your Scrub Suit Size (set)

| | | |
|----------------------------------|----------------------------------|-----------------------------|
| <input type="checkbox"/> X-Small | <input type="checkbox"/> Large | <input type="checkbox"/> 3X |
| <input type="checkbox"/> Small | <input type="checkbox"/> X-Large | <input type="checkbox"/> 4X |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 2X | <input type="checkbox"/> 5X |

Choose Your Jacket Suit Size

| | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 2X |
| <input type="checkbox"/> Large | <input type="checkbox"/> 3X |

MUST BE Completed by Department

Authorizing Department/Service Signature

Department/Service Office Phone Extension

Please Return the Completed Form to:

KWAME OPEYO (LINEN SERVICES)
SCAN REQUEST BY EMAIL TO:
scrubs@augusta.edu
PHONE: (706)721-4525