



PRINT CLEARLY

User Last Name: \_\_\_\_\_

User First Name: \_\_\_\_\_

Personal Identification # (4-digit PIN)  
If not completed, a PIN will be assigned.

Extension: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Ext. \_\_\_\_\_

To gain access to the dispensing units, please bring this completed form to the Linen Department to have a Scrub Card issued.

Locations and operating times:

UH - Rm C1-307 ext. 35075, 7:30 am-8:30 am & 1:00 pm-1:45 pm

VH - Rm A1-400 ext. 52012, 7:30 am-9:00 am & 1:00 pm-2:00 pm

**NOTE: All Students, Clerks & Residents are required to pay a refundable \$50 deposit fee for 2 sets of OR Green Scrubs.**

Please choose one of the following for Occupation and one for Department:

Occupation

Resident \$50

Clinical Clerk \$50

Student \$50

Coordinator

ESW Mngmt

Fellow

Food Services

Nurse Pract.

Perfusionist

Physician

Porter

Reg. Nurse

Research Asst.

SSW

Technologist

Other (specify) \_\_\_\_\_

Department

Resident \$50

Clinical Clerk \$50

Student \$50

Anesthesia

Biomed

Cardiology

Clinical Education

Dentistry

Emergency

EP/CIU

ESW

Food Services

Maintenance

Other (specify) \_\_\_\_\_

Department

Ob/Gyn

OR Staff

Perfusion

Portering

Radiology

REI Lab

SPD

SSW

Surgery

Sizes: Choose your appropriate size.

X-Small

Small

Medium

Large

X-Large

2X-Large

3X-Large

\_\_\_\_\_  
Authorizing Signature (Director/Manager/Coordinator)

Expiration Date for STUDENTS

BUSINESS OFFICE USE ONLY

Date: \_\_\_\_\_

Amount of Deposit received \_\_\_\_\_

Business Office Verification \_\_\_\_\_

Deposit to LHS 51001- 4252001