

**PRINT CLEARLY**

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

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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

- |  |                            |
|--|----------------------------|
|  | <b>Resident \$50</b>       |
|  | <b>Clinical Clerk \$50</b> |
|  | <b>Student \$50</b>        |
|  | Coordinator                |
|  | ESW Mngmt                  |
|  | Fellow                     |
|  | Food Services              |
|  | Nurse Pract.               |
|  | Perfusionist               |
|  | Physician                  |
|  | Porter                     |
|  | Reg. Nurse                 |
|  | Research Asst.             |
|  | SSW                        |
|  | Technologist               |

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

Department

- |  |                            |
|--|----------------------------|
|  | <b>Resident \$50</b>       |
|  | <b>Clinical Clerk \$50</b> |
|  | <b>Student \$50</b>        |
|  | 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**