CLINICAL LAB COAT ORDERING FORM

Account #: __________________________________________ Requester: ________________________________
Account Name: ___________________________________ Date: ________________________________________

Employee Name* (print): ______________________________ Date: ________________________________
Employee Signature: _________________________________________________________________________
*Note: A separate form must be completed for each employee ordering lab coats.

Department Name: ___________________________________________ Suite#: _________________________
Department Street Address: ____________________________________________________________________

Lab Coat(s) Requested: □ Flame Resistant Lab Coat Size________ Quantity________
□ Knit-Wrist Lab Coat Size________ Quantity________
□ Traditional Lab Coat Size________ Quantity________
□ Fluid-Resistant Lab Coat Size________ Quantity________
□ Mens Suit Size________ Quantity________
□ Ladies Dress Size________ Quantity________

REQUESTED EMBROIDERY INFORMATION

LOCATION: #1 - LEFT CHEST
Embroidery Type: Block Lettering
Embroidery Color: Black
Requested Embroidery:
□ Completed in diagram Location #1
  Line 1: Name
  Line 2: Department
□ None, please leave blank

LOCATION: #2 - RIGHT CHEST
□ Logo A
□ Logo B
□ None

LOCATION: #3 - SHOULDER PATCH
□ Yes
□ No

Logo A (can be on front, Location #2)

Logo B New York-Presbyterian

Please fill in the Embroidery information in the box on the lab coat.

Your Cost-effective Solution for Greater Patient Satisfaction

Please return all forms to Donna Slavin at dslavin@imagefirst.com.

www.imagefirst.com | 800-368-3676