

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:
- |   |                  |                |
|---|------------------|----------------|
| <input type="checkbox"/> Flame Resistant Lab Coat | Size _____       | Quantity _____ |
| <input type="checkbox"/> Knit-Wrist Lab Coat      | Size _____       | Quantity _____ |
| <input type="checkbox"/> Traditional Lab Coat     | Size _____       | Quantity _____ |
| <input type="checkbox"/> Fluid-Resistant Lab Coat | Size _____       | Quantity _____ |
| <input type="checkbox"/> Mens                     | Suit Size _____  | Quantity _____ |
| <input type="checkbox"/> 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

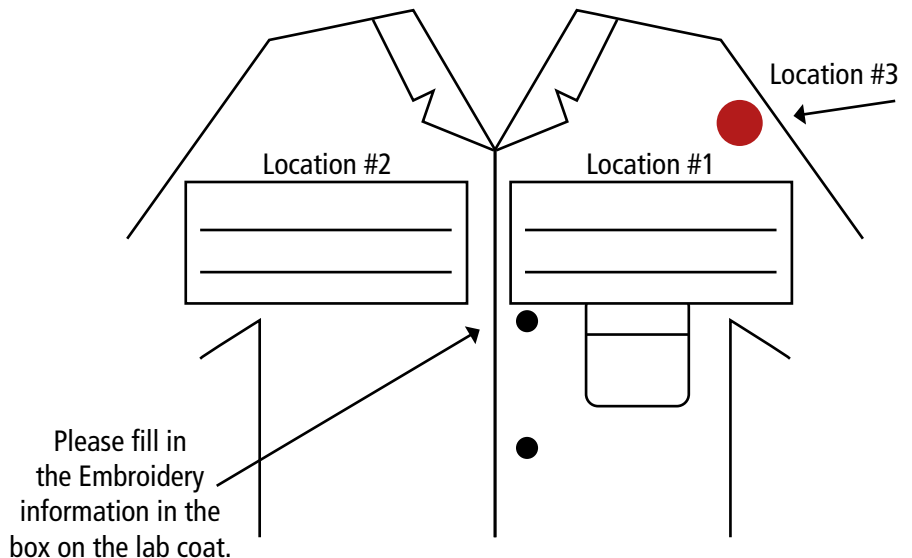
- Yes  
 No

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



**Weill Cornell  
Medicine**

Logo B **New York-Presbyterian**



Your Cost-effective Solution for Greater Patient Satisfaction