



# Scrub Suit Size Request Form

PRINT CLEARLY

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 AU Badge# \_\_\_\_\_  
 Number below magnetic strip on back \_\_\_\_\_  
 Contact Phone/Pager #: \_\_\_\_\_

**MUST BE Completed by Department**

Authorizing Department/Service Signature \_\_\_\_\_

Department/Service Office Phone Extension \_\_\_\_\_

**AU EMPLOYEES:** **NOTE: Limit of 2 sets of scrubs; 1 jacket**

Name of Service / Department: \_\_\_\_\_

**Student / Resident / Intern / Fellow:** \* (Exact Dates (month/day/year) (Example: 12/01/20-09/30/21))

Name of Department/Service of Rotation: \_\_\_\_\_

\* Rotation Dates: (Start and Ending Dates) \_\_\_\_\_

**Occupation / Classification:**

**Please check one of the following:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anesthesiologist/CRNA | <input type="checkbox"/> Physician                           | <input type="checkbox"/> Staff (Employee)           |
| <input type="checkbox"/> DDS / DMD (Dentistry) | <input type="checkbox"/> Physician (Surgeon)                 | <input type="checkbox"/> Student (*Dates)           |
| <input type="checkbox"/> Nurse                 | <input type="checkbox"/> Professor / Faculty                 | <input type="checkbox"/> Tech                       |
| <input type="checkbox"/> Perfusionist          | <input type="checkbox"/> Resident / Intern / Fellow (*Dates) | <input type="checkbox"/> Contract Employee (*Dates) |

**AU Department:**

**Please check one of the following:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult OR / PACU                    | <input type="checkbox"/> Gastroenterology     | <input type="checkbox"/> Perfusion                 |
| <input type="checkbox"/> Anesthesiology                     | <input type="checkbox"/> Internal Medicine    | <input type="checkbox"/> Pharmacy                  |
| <input type="checkbox"/> Cardiology                         | <input type="checkbox"/> L&D - OB/GYN         | <input type="checkbox"/> Physician Assistant Dept. |
| <input type="checkbox"/> Cath Lab - Adult / Peds            | <input type="checkbox"/> Medical Illustration | <input type="checkbox"/> PICU                      |
| <input type="checkbox"/> Central Distribution               | <input type="checkbox"/> Medicine             | <input type="checkbox"/> Plastics                  |
| <input type="checkbox"/> CHOG OR / PACU                     | <input type="checkbox"/> Neurosurgery         | <input type="checkbox"/> Pulmonology               |
| <input type="checkbox"/> Clinical Research                  | <input type="checkbox"/> Neurology            | <input type="checkbox"/> Radiology                 |
| <input type="checkbox"/> CSR (Central Sterile Reprocessing) | <input type="checkbox"/> Nursing Dept.        | <input type="checkbox"/> <b>Surgery (General)</b>  |
| <input type="checkbox"/> Dentistry- General / Peds / Oral   | <input type="checkbox"/> Oncology             | <input type="checkbox"/> Transplant                |
| <input type="checkbox"/> Digestive Health                   | <input type="checkbox"/> Ophthalmology        | <input type="checkbox"/> Trauma                    |
| <input type="checkbox"/> Emergency Medicine                 | <input type="checkbox"/> Orthopedic Surgery   | <input type="checkbox"/> Urology                   |
| <input type="checkbox"/> Epidemiology                       | <input type="checkbox"/> Otolaryngology       | <input type="checkbox"/> Vascular                  |
| <input type="checkbox"/> Family Medicine                    | <input type="checkbox"/> Pathology            |  |

**Requesting access to the scrub machines located in the:**

- Adult OR    CHOG OR    L&D OR    Adult Cath Lab    IR    EP

**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      |

**Please Send Completed Form to:**

TONYA WHALEY (LINEN SERVICES)  
 SCAN REQUEST BY EMAIL TO:  
[scrubs@augusta.edu](mailto:scrubs@augusta.edu)  
 PHONE: (706)721-4525

**FORM WILL BE SENT BACK TO REQUESTOR WITH USER # AND PIN #**

**USER #** \_\_\_\_\_

**PEN #** \_\_\_\_\_