

FAX

Email

DATE:

TO: Physician Relations

FROM: Stephanie Lopez, Physician
Relations Specialist

PAGES:

Medical Staff Lab Coat Order Form

Please email to lopezsd@henrymayo.com or fax to 661.200.1307

Your name as should be spelled on your lab coat

1.- _____ . MD, DO, DPM
(Print) (circle)

2.- Special Instructions: _____

3.- Sizes (Circle your size)

Men

- Small (34/36)
- Medium (36/38)
- Large (40/42)
- X large (44/46)
- XXLarge (48/50)

Women

- X Small (0/2)
- Small (4/6)
- Medium (8/10)
- Large (12/14)
- X Large (16/18)

4.- Please circle your specialty

- Allergy
- Anesthesiology
- Cardiology
- Critical Care Medicine
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Practice
- General Practice
- Gastroenterology
- General Surgery
- Gynecology
- Hematology/Oncology
- Hospitalist (under logo)
- Infectious Disease
- Internal Medicine
- Neonatology
- Nephrology
- Neurology
- Obstetrics
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pain Management
- Pathology
- Pediatrics
- Pediatric Cardiology
- Pediatric Nephrology
- Physical Medicine
- Plastic Surgery
- Plastic/Hand Surgery
- Podiatry
- Psychiatric
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Rheumatology
- Thoracic/Cardiovascular
- Urology
- Vascular Surgery
- Urgent Care