



www.medelita.com

GROUP ORDER FORM

Today's Date _____

Information (please print clearly)

Group/Practice Name _____

Your Name _____

TO ORDER

Phone: 877.987.7979 M-F 8a-5p PST

Fax: 949.542.4101

E-mail: contact.us@medelita.com

Online: www.medelita.com

ORDER INFORMATION

Name/Description	Color	00	0	2	4	6	8	10	12	14	16	Line Total
Calia Lab Coat 38"	white											
Elizabeth B. Lab Coat 28"	white											
Ellody Lab Coat 34"	white											
Elsie G. Lab Coat 32"	white											
Estie Lab Coat 38"	white											
Lucy H.T. Lab Coat 34"	white											
Sophia Lab Coat 34"	white											
Clinician Scrub Top	baltic											
Clinican Scrub Top	black											
Clinician Scrub Top	cafe											
Clinician Scrub Top	iris											
Clinician Scrub Top	leaf											
Clinician Scrub Top	pool											
Clinician Pant (regular)	baltic											
Clinician Pant (regular)	black											
Clinician Pant (regular)	cafe											
Clinician Pant (regular)	iris											
Clinician Pant (regular)	leaf											
Clinician Pant (regular)	pool											
			0T	2T	4T	6T	8T	10T	12T	14T	16T	
Clinician Pant (tall)	baltic											
Clinician Pant (tall)	black											
Clinician Pant (tall)	iris											
Clinician Pant (tall)	leaf											
Clinician Pant (tall)	pool											

Sanita® Clogs Style	Color	Size

Add Embroidery (suggested 26 characters maximum per line, up to 2 lines of embroidery)

line 1: _____

line 2: _____

Embroidery Color: _____ Font (circle): Block Script

Embroidery should be added to: SCRUB TOP(S) LAB COAT(S) BOTH

Logo should be added to: SCRUB TOP(S) LAB COAT(S) BOTH

AUTHORIZATION

By initialing (or signing) this form, I have reviewed and accepted the order for accuracy, including style selection, quantity, sizing, and all embroidery details. I understand that embroidered items, as well as garments that are worn, soiled, or laundered, may not be returned or exchanged.

Customer Initials
