



GROUP ORDER FORM Today's Date _____

Information (please print clearly)

Group/Practice Name _____

Your Name _____

TO ORDER Phone: 877.987.7979 MF 8a-5p PST Fax: 949.542.4101 E-mail: contact.us@medelita.com Online: www.medelita.com

ORDER INFORMATION

Name/Description	Color	36	38	40	42	44	46	48	50	52	Line Total
Fauchard Lab Coat 40"	white										
Fleming Lab Coat 30"	white										
Laennec Lab Coat 40"	white										
Osler Lab Coat 44"	white										

Name/Description	Color	S	M	L	XL	XXL	
Mens Scrub Top	baltic						
Mens Scrub Top	black						
Mens Scrub Top	Pool						
Mens Scrub Pant	baltic						
Mens Scrub Pant	black						
Mens Scrub Pant	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
