



To: Distribution
From: Thomas N. Marshall, MBA
Re: OR Scrub Request
Date: May 20, 2008

In an effort to better serve the OR Scrub users and monitor usage, effective immediately all requests for OR scrubs must have the attached form filled out and completed by department requesting OR Scrubs. As per Montefiore Medical Center Administrative Policy and Procedure J106.1 Green Scrub Distribution, the following departments and their respective associates with clinical responsibilities are authorized to be issued an operating room green scrub suit:

- Operating Room / P.A.C.U.
- Labor & Delivery
- Cardiac Cath – for invasive procedures only
- Radiology – for invasive procedures only

Completing the form:

In an effort to expedite the issuance and use of OR Scrubs the following areas must be completed and approved prior to the issuance of access on the attached form:

- User Information - including pager number or office number
- EZ – ID number
- Proximity Card #
- Occupation
- Department
- Size
- Authorization - Department head or designee (Print and Sign Name)
 - Expiration date of contract or program rotation
 - Department phone number

Forms may be mailed via inter-office to **MCL – OR Scrub Request** or faxed to Montefiore Central Laundry @ 718- 542-5893. No phone requests will be accepted unless documentation is provided. Once access is available the requester will be notified by phone. **Incomplete forms will not be processed.** Please refrain from abuse of the system as all transactions are recorded electronically. Abuse may result in suspension of OR Scrub vending privileges.

cc. Ed Pfleging
File

MONTEFIORE



Montefiore Medical Center OR Scrub Request Form

PLEASE PRINT CLEARLY

User Last Name

User First Name

Pager Number

EZ -ID number

Proximity Card #

Date

☐ Children's Hospital

☐ Moses Division

☐ North Division

☐ Weiler Division

Please choose one of the following for Department and one for Occupation:

Occupation

- ☐ Anesthesiologist
- ☐ CPD technician
- ☐ Cardiologist
- ☐ MRT
- ☐ Nurse
- ☐ Physician
- ☐ Respiratory Therapist
- ☐ Dentist
- ☐ Radiologist
- ☐ Ophthalmologist
- ☐ Cardiologist

- ☐ Pathologist
- ☐ Physician Assistant
- ☐ Surgeon
- ☐ Student
- ☐ Other (specify) _____

Department

- ☐ Anesthesiology
- ☐ Cardio Cath Lab
- ☐ Cardio Thoracic
- ☐ Cardiology
- ☐ Dentistry
- ☐ Medicine
- ☐ OR
- ☐ OB/GYN
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Pathology

- ☐ Plastic Surgery
- ☐ Radiology
- ☐ General Surgery
- ☐ Other (specify) _____

Sizes: Choose your appropriate size.

<input type="checkbox"/>	Medium (1)
<input type="checkbox"/>	Large (2)
<input type="checkbox"/>	X-Large (3)
<input type="checkbox"/>	2X-Large (4)
<input type="checkbox"/>	3X-Large (5)

Authorization: Departmental Contact and Approval.

Print Name

Signature

Expiration Date

Department Phone Number

**Please Note that all scrub credits must be available upon termination of employment from Montefiore Medical Center

FOR OFFICE USE ONLY

**Credit Limits
Completed by**

NOTE: Set expiration date one day prior to check out date: