

GWU School of Medicine and Health Sciences

Office of Graduate Medical Education

Lab Coat Order Form

Name: _____

Sex: Male _____ Female _____

Size (please circle): 32 34 36 38 40 42 44 46 48 50 52

Check one: New resident (2 coats) _____
New fellow (2 coats) _____
Returning resident (1 coat) _____
Returning fellow (1 coat) _____

You may print and fax this page to the GME Office at 202-994-1604. **All orders for returning residents and fellows must be received by June 15.** The format for embroidering your name will be Dr. First Initial and Last Name. “Resident” or “Fellow” will appear under your name. There will be no departmental designations.

Name to be embroidered on coat. PLEASE PRINT CLEARLY.

DR. _____
First Initial Last Name

Please provide your beeper number and email address in case there are questions regarding your order.

Beeper: _____

Email: _____