



Palisades Medical Center

Medical Student Scrubs Order Form

Name: _____

Year: 3rd ___ 4th ___ Male: ___ Female: ___

Cell Phone: _____ Email: _____

Medical School: TouroCOM ___ Other: _____

Scrub Top	Size: XS	Price: \$4.64 Each	Quantity _____	Scrub Pant	Size: XS	Price: \$6.05 Each	Quantity _____
Scrub Top	Size: S	Price: \$3.62 Each	Quantity _____	Scrub Pant	Size: S	Price: \$4.34 Each	Quantity _____
Scrub Top	Size: M	Price: \$3.72 Each	Quantity _____	Scrub Pant	Size: M	Price: \$4.57 Each	Quantity _____
Scrub Top	Size: L	Price: \$4.00 Each	Quantity _____	Scrub Pant	Size: L	Price: \$4.82 Each	Quantity _____
Scrub Top	Size: XL	Price: \$4.22 Each	Quantity _____	Scrub Pant	Size: XL	Price: \$5.09 Each	Quantity _____
Scrub Top	Size: 2XL	Price: \$4.47 Each	Quantity _____	Scrub Pant	Size: 2XL	Price: \$5.42 Each	Quantity _____

Scrub Top Total \$ _____ + Scrub Pant Total \$ _____ = \$ _____

Please make check out to:

PALISADES MEDICAL CENTER

Check received by: _____ Date: _____

Scrubs Received by: _____ Date: _____