

PRESCRIPTIONS

SCRUB REQUEST

Branch Location: _____ **Date of Request:** _____

Your Name: _____ **Classification:** _____

What size scrubs would you like? (Please circle the appropriate size below):

Small Medium Large 1X 2X 3X 4X

Check The Box That Applies To You:

I am requesting my initial free pair of scrubs.

I am requesting a free pair of scrubs and have worked 100 hours in the “ Month of _____ ”

I would like to purchase a pair of scrubs through a payroll deduction. I understand and authorize BrightMed to withhold \$25.00 from my paycheck for each pair of scrubs I purchase. I want to purchase pair(s) of scrubs.

Employee Signature

Branch Representative

Date

Date