

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

AUTHORIZATION FOR LINEN SERVICE

Date: _____

Department: _____

Phone #: _____

Project ID Number: _____

Approved: _____

(Authorized Signature Only)

Received By: _____

Service For: _____

(Individual's Full Name)

Date Received: _____

LAB COATS: 0 New Coats 0 Additional Coats 0 Temporary Coats 0 Used Coats

0 Replacement of Old/Lost Coat

No. of Coats: _____

Style: 0 Male 0 Female 0 100% Cotton 0 65% Polyester \$ _____
35% Cotton

Size: _____ 0 Starch/Press Finish

Length: 0 Regular 0 X-Long

EMBROIDERED LOGO PATCH:

0 Institutional 0 Dental School 0 Graduate School
0 School of Medicine 0 School of Nursing 0 School of Health Professions

0 ID LABEL ONLY (no patch)

UNIFORMS: Lease of Garments-Only (6 changes issued) Lease/Clean Service (11-13 changes issued)

Shirt/Blouse: Color _____ Size _____ No. Changes _____

Pants: Color _____ Size _____ No. Changes _____

Date Fitted: _____ Fitted by: _____

HOSPITAL LINENS:

Item: _____ Quantity: _____

Refer to Linen Service Requisition Form #LS1 for available items

Size: _____
if applicable

0 Increase department's existing inventory

0 Add new item to department's inventory

IF YOU PRINT THIS FORM FROM THE MASTER FORMS LIST, PLEASE PROVIDE LINEN SERVICES WITH 4 COPIES

Distribution:
White - Linen Services
Canary - Linen Services
Pink - IT
Goldenrod - Department