

STAFF UNIFORM REQUEST ORDER

Surgery :	
Staff Name:	
Date:	

Please provide all the details below as sizing varies and most orders are custom made with no returns, any mistakes must be at the staff member's expense.

Order code:	
Size:	
Quantity:	
Colour:	
Chest Measurements:	
Waist Measurement:	
Arm Measurements:	

Managers Approval:	
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Head Office Comments:	
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Date filed in Staff members folio as uniform log:	
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