



**botsford  
general  
hospital**

## **Botsford Medical Staff Lab Coat/Patch/Affiliation Sign Order Form**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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Yes, I would like to receive a BGH Lab Coat **AND** a BGH patch

Lab Coat Size: \_\_\_\_\_ Male:  Female:

Yes, I would like to receive a BGH patch (only)

Quantity: \_\_\_\_\_

Yes, I would like to receive a BGH affiliation plaque

Quantity: \_\_\_\_\_

**Please return this form to Medical Administration via fax to (248) 471-8835**