



Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Please specify the sizes and quantities of the desired garments below.

Quantity	Style #	Garment	Size
	SW286/20VA	V-NECK SWEATER VEST	
	7062/20VD	LADIES' FULL ZIP V-NECK CARDIGAN SWEATER	
	046/20BD	LADIES' V-NECK FINE GAUGE LONG CARDIGAN SWEATER	
	561/2091	UNISEX V-NECK SWEATER VEST	
	7056/20AY	LADIES' OPEN CARDIGAN SWEATER	
	L807/209C	LADIES' OPEN CARDIGAN SWEATER	
	119/20BU	LADIES' V-NECK LONG CARDIGAN SWEATER	
	SW285/20AU	MEN'S V-NECK SWEATER	
	L5430/20BQ	LADIES CONCEPT OPEN CARDIGAN	

**GARMENT FITTING WAIVER**

I was given the opportunity to and have refused to try on some or all the garments in the uniform program. I agree to the sizing listed above. I fully understand if the garments do not fit, I will be personally responsible for all changes that occur, including return charges as well as the additional cost of buying replacement garments.

Employee Name: \_\_\_\_\_

Hospital Location: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Delivery Location: \_\_\_\_\_

Cleveland Clinic PO#: \_\_\_\_\_

Cleveland Clinic Requestor: \_\_\_\_\_

Date: \_\_\_\_\_



**V-NECK SWEATER VEST**

Item #: SW286/20VA  
XS-4XL



**LADIES' FULL ZIP V-NECK CARDIGAN SWEATER**

Item #: 7062/20VD  
XS-4XL



**LADIES' V-NECK FINE GAUGE LONG CARDIGAN SWEATER**

Item #: 046/20BD  
XS-3XL



**UNISEX V-NECK SWEATER VEST**

Item #: 561/2091  
S-5XL



**LADIES' OPEN CARDIGAN SWEATER**

Item #: 7056/20AY  
XS-4XL



**LADIES' OPEN CARDIGAN SWEATER**

Item #: L807/209C  
XS-4XL



**LADIES' V-NECK LONG CARDIGAN SWEATER**

Item #: 119/20BU  
XS-3XL



**MEN'S V-NECK SWEATER**

Item #: SW285/20AU  
XS-4XL



**LADIES CONCEPT OPEN CARDIGAN**

Item #: L5430/20BQ  
XS-4XL

Please submit order to department administrative assistant for final approval.