



Dear Provider,

To thank you for joining Primary Care Associates of California as a network provider, we wish to provide you with a personalized lab coat in honor of your new affiliation.

Please clearly print your first name, last name, clinical designation (MD, DO, DPM, PhD), and specialty in the spaces provided below. This information should be provided in the exact manner in which you would like it to appear on your lab coat. Additionally, please designate the corresponding size for the lab coat.

Once completed, please return the form, via fax, to the attention of Maggie Nava at (562) 220-1016.

## ***Name***

First Name (hyphens and apostrophes use separate box)

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Last Name (hyphens and apostrophes use separate box)

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Clinical Designation (three letter maximum)

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Specialty

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## ***Sizing***

**Male** (based on chest size)

XS	34	
S	36 or 38	
M	40 or 42	
L	44 or 46	
XL	48 or 50	
XXL	52 or 54	
XXXL	56 or 58	
4XL	60	

**Female**

XS	Size 4	
S	6 or 8	
M	10 or 12	
L	14 or 16	
XL	18 or 20	
XXL	22 or 24	
XXXL	26 or 28	

***Leaders in Senior Care***