## MEDICAL CITY DALLAS, LTD. BADGE APPLICATION FORM

## INCOMPLETE FORMS WILL NOT BE PROCESSED

(Print)		
Legal Last Name	First Name	M.I.
Name preferred on your badg	ge: FirstLast	
Medical Credentials (if any):_		
Driver's License Number:	State:	
License Plate Number:	Model:St	ate:
Building & Suite:	Suite Phone Number:	
Name of Practice to be printe	d on badge:	
	deposit is to be paid at the time the badge is issued. cannot accept Credit or Debit Cards. Cash or Check Only	
Lost or stolen badges should be rep for replacement. I understand that fail to return both cards at the time	ontrol/ID badge is issued to me individually and I am the only person ported to Security immediately. Any misuse or defacing of my badge if I lose my badge or access card I must pay a replacement fee of Second termination of employment, I will not be reimbursed for my decedential that I have requested by my name is a valid credential for accational institution.	ge could result in a fee \$10 for each piece. If I eposit.
EMPLOYEE SIGNATURE:	Date:	
AUTHORIZING SIGNATURE:(Physician or O		
(1 Hysician of O	••••••••••••••••••••••••••••••••••••••	
FOR SECURITY OFFICE U	SE ONLY	
Badge Number:	Date:Access Area:	
	BADGING OFFICE, B 220	

BADGING OFFICE, B 220		
Monday – Friday, 7:30a – 4:00p		
Closed: 11:30 a - 1:30p		
Closed Holidays		
T: 972.566.5531		
Christine.Su@MedicalCityHealth.com		
MCDH.Badging@hcahealthcare.com		