

We will need the following information to place an order. You're welcome to contact us via phone, email or fax the information on this sheet to your local branch. Our offices are staffed 24/7/365.

Facility Name: _____

Contact Name: _____

Confirmation Phone Number/Contact Name: _____

Certification: *(Will facility accept an LPN in place of a Med Aide or a CNA in place of a caregiver?)

RN LPN/LVN Med Aide CNA Caregiver Med. Assistant

Date/Shifts Requested: _____

Shift Times: _____ DAY _____ EVENING _____ NOC

Reporting Instructions: _____

Dress Code: _____

Portland Office:

Phone: 503.670.7407

Fax: 503.670.7507

Email: team@integratedhealthcaresaffing.com

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Date/Shifts Requested: _____

Shift Times: _____ _____ _____
 DAY EVENING NOC

Reporting Instructions: _____

Dress Code: _____

Seattle Office:

Phone: 206.457.4458

Fax: 206.400.7611

Email: team@integratedmedicalsistemas.com

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Date/Shifts Requested: _____

Shift Times: _____ _____ _____
 DAY EVENING NOC

Reporting Instructions: _____

Dress Code: _____

Denver Office:

Phone: 303.756.9540

Fax: 303.756.9479

Email: teamdenver@integratedhealthcaresaffing.com

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RN
 LPN/LVN
 Med Aide
 CNA
 Caregiver
 Med. Assistant

Date/Shifts Requested: _____

Shift Times:
 _____ DAY
 _____ EVENING
 _____ NOC

Reporting Instructions: _____

Dress Code: _____

Phoenix Office:

Phone: 602.279.9855

Fax: 602.218.7709

Email: teamphx@integratedhealthcarestaffing.com