

# Custom Sterile Medication Labels Order Form

Please complete this order form and return it to your sales rep, or fax it to 262-548-0655. Labels are available in quantities of 10. JCAHO regulations suggest that labels include drug name, strength, amount, and expiration date. Please complete the information below. Proofs will be provided upon request.

Medication	Label Color (Background)	Text Color	Medication	Label Color (Background)	Text Color
1. Line 1 Text: Line 2 Text: Line 3 Text:			11. Line 1 Text: Line 2 Text: Line 3 Text:		
2. Line 1 Text: Line 2 Text: Line 3 Text:			12. Line 1 Text: Line 2 Text: Line 3 Text:		
3. Line 1 Text: Line 2 Text: Line 3 Text:			13. Line 1 Text: Line 2 Text: Line 3 Text:		
4. Line 1 Text: Line 2 Text: Line 3 Text:			14. Line 1 Text: Line 2 Text: Line 3 Text:		
5. Line 1 Text: Line 2 Text: Line 3 Text:			15. Line 1 Text: Line 2 Text: Line 3 Text:		
6. Line 1 Text: Line 2 Text: Line 3 Text:			16. Line 1 Text: Line 2 Text: Line 3 Text:		
7. Line 1 Text: Line 2 Text: Line 3 Text:			17. Line 1 Text: Line 2 Text: Line 3 Text:		
8. Line 1 Text: Line 2 Text: Line 3 Text:			18. Line 1 Text: Line 2 Text: Line 3 Text:		
9. Line 1 Text: Line 2 Text: Line 3 Text:			19. Line 1 Text: Line 2 Text: Line 3 Text:		
10. Line 1 Text: Line 2 Text: Line 3 Text:			20. Line 1 Text: Line 2 Text: Line 3 Text:		

Would you like us to add "Exp. Date:" and "Exp. Time:" to each label? Yes  No

Include Marker with Kit? No  Yes  (please check which type)  Reg Tip  Fine Tip  Superfine

Labels per pack:  10  20 Other amount (fill in quantity of 10)  How many cases of 100?:

Would you like us to send you a proof? Yes  No

Contact Person  E-mail

Phone Number  Fax

Facility Name  P.O.#



Manufacturer of Pressure Sensitive Labels and Tapes

2500 W. Sunset Drive, Waukesha, WI 53189  
Toll Free: (800) 638-7465 • Fax: (262) 548-0655  
[www.nevsink.com](http://www.nevsink.com)