



**MED-LABEL, INC. PO BOX 721, FLANDERS NJ 07836**

**TOLL FREE#1-800-522-3510 FAX#1-973-927-6135**

## CUSTOM PREPRINT ORDER FORM

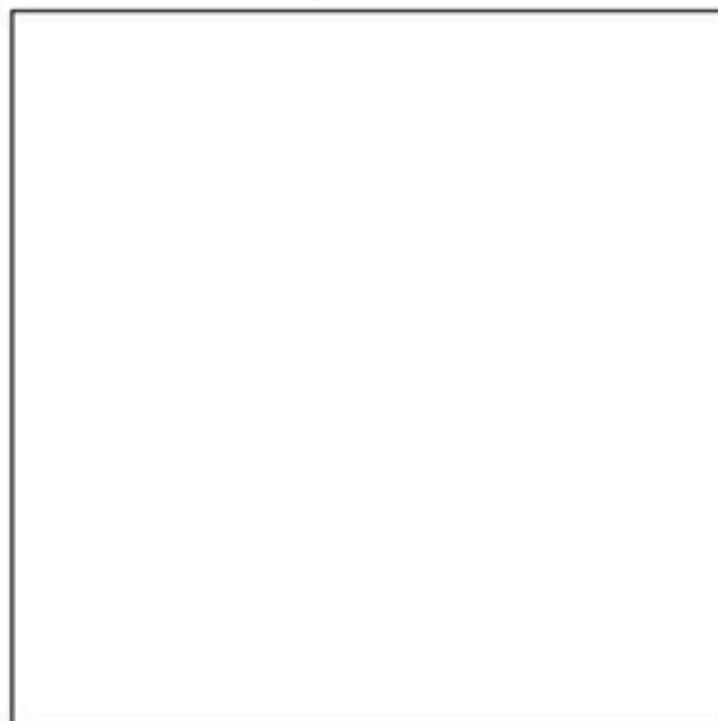
Using appropriate size box(es) below, clearly write desired wording on your label.  
Choose color & type of adhesive. Fax completed form, w/ PO#, back to us @ 973-927-6135.  
Allow 3 weeks for delivery of 1st order, 2 weeks for subsequent orders.



1"X 2" \$14.50/roll



3" x 1" \$14.95/ roll



2.5" x 2.5" \$16.85/ roll



4.7" x 2" \$19.95/ roll

(SIZES ABOVE ARE MOST COMMONLY REQUESTED, ADDITIONAL SIZES ARE AVAILABLE)

COLOR \_\_\_\_\_

ADHESIVE TYPE \_\_\_\_\_  
(Permanent, Removable, Autoclaveable)

HOSPITAL NAME \_\_\_\_\_

PO NUMBER \_\_\_\_\_

REQUESTOR \_\_\_\_\_

DATE \_\_\_\_\_

ALL LABELS WILL BE PRINTED W/ BLACK INK  
INITIAL ORDER, 12 ROLL MINIMUM, SUBSEQUENT ORDERS, 6 ROLL MINIMUM  
(Reorder # will be provided when first order is placed—If reorder # needed to obtain PO#, please advise)

FAX BACK TO MED-LABEL @ 973-927-6135