



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

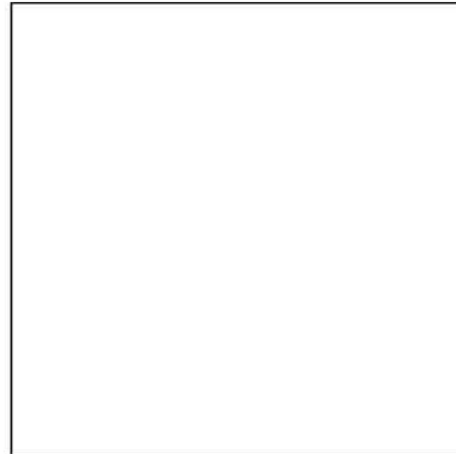
TOLL FREE#1-800-522-3510 FAX#1-973-927-6135

CUSTOM PREPRINT ORDER FORM

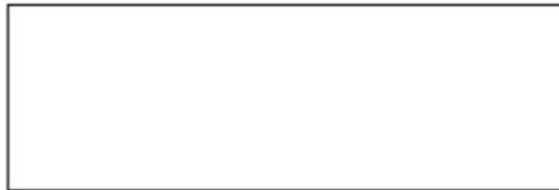
Using appropriate size box(es) below, clearly write desired wording on your label.
Choose color & type of adhesive. Fax completed form, w/ PO#, back to us @ 973-927-6135.
Allow 3 weeks for delivery of 1st order, 2 weeks for subsequent orders.



2" X 1" \$14.50/roll / paper
2" X 1" \$17.85/roll / synthetic



2.5" x 2.5" \$16.85/ roll / paper



3" x 1" \$14.95/ roll / paper



4.7" x 2" \$19.95/ roll / paper

(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, 24 ROLL MINIMUM, SUBSEQUENT ORDERS, 12 ROLL MINIMUM
(Reorder # will be provided when first order is placed—If reorder # needed to obtain PO#, please advise)

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