PharmaTags Custom Order Form   10 labels per pack

Complete the Custom Order Form and fax to your distributor. RMAC Surgical Inc. Fax: 905-306-1755

Maximum 25 characters per label (guideline only). Use only generic medication names.

** 2006 JCAHO Requirement JCAHO recommends that you include Drug name, Strength, and Amount of drug on the sterile field (if not apparent from your containers) and Expiration time if the drug expires in less than 24 hours. You decide if you need to include Amt and Exp. on your labels. **A PERMANENT WATERPROOF, SMUDGE-PROOF LABEL MARKER IS INDICATED FOR ALL LABELS.**

For Blank labels, print "BLANK" on the numbered line.

When duplicate labels are needed for solution bowls and medicine cups, print the same medication name again on the next line.

1 ————————	1 ————————	1 ————————
2 ————————	2 ————————	2 ————————
3 ————————	3 ————————	3 ————————
4 ————————	4 ————————	4 ————————
5 ————————	5 ————————	5 ————————
6 ————————	6 ————————	6 ————————
7 ————————	7 ————————	7 ————————
8 ————————	8 ————————	8 ————————
9 ————————	9 ————————	9 ————————
10 ————————	10 ————————	10 ————————

# of Boxes_____   **# of Boxes_____**   **# of Boxes_____**

Below area must be completed in full

(Check One)   Black on White Labels_____ or Color Coded_____   **Space for "Amt." & Exp." on labels? Yes:_____No_____

Marking pens required? Fine Tip_____   OR   Dual Tip (skin marker/label marker) _____   None_____

Time Out Surgical Pause Card included? Yes:_____No_____   P.O.#_____

Health Care Facility Name:_____Contact Person_____Phone Number_____

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1 _____	11 _____	1 _____	11 _____
2 _____	12 _____	2 _____	12 _____
3 _____	13 _____	3 _____	13 _____
4 _____	14 _____	4 _____	14 _____
5 _____	15 _____	5 _____	15 _____
6 _____	16 _____	6 _____	16 _____
7 _____	17 _____	7 _____	17 _____
8 _____	18 _____	8 _____	18 _____
9 _____	19 _____	9 _____	19 _____
10 _____	20 _____	10 _____	20 _____

# of Boxes_____   **Below area must be completed in full**   **# of Boxes_____**

(Check One)   Black on White Labels_____ or Color Coded_____ **Space for "Amt" & Exp." on labels? Yes:_____No_____

Marking pens required? Fine Tip_____   OR   Dual Tip (skin marker/label marker) _____   None_____

Time Out Surgical Pause Card included? Yes:_____No_____   P.O.#_____

Health Care Facility Name:_____   Contact Person_____   Phone Number_____