

Please fill out all contact information below. Design your custom labels on the second sheet & fax both sheets to: (724)337-0555. For more than one label sheet Xerox the second page of this order form as needed.

Contact Information

Date: _____
Company Name: _____
Contact Name: _____
Title: _____ Dept: _____
Fax #: _____
Phone #: _____

Shipping Address: _____
Attn: _____
Street: _____
City, State, Zip _____

Billing Address: _____
Attn: _____
Street: _____
City, State, Zip _____

Estimated Usage: _____

Please create a username below and provide your e-mail address. We will assign you a password and e-mail it to you so you can access your labels online if you choose to.

User Name: _____
E-mail address: _____
Package Name: _____

Please fax both forms back to Xodus Medical at 724-337-0555
For questions call 1-800-963-8776

Please fill out this custom label sheet and fax to Xodus Medical, Inc. at 724-337-0555

Label Customizing: X-Large Labels 6/sheet- 4 customizable & 2 blank

Marker requested? No Yes- Type: _____ Include Ruler? Yes No

1. Print the medication name on the lines below exactly how you want it to appear on the label.

* Maximum of 32 characters

2. Select the color of the background and text from the choices below and write them on the appropriate lines.

* **Background color choices: Red, orange, yellow, green, blue, purple, pink, black, white and brown**

* **Text color choices: Red, yellow, green, blue, purple, black, white and pink**

3. Write the quantity of each label required on the quantity line

Medication	Background Color	Text Color	Quantity
1 _____ _____	1 _____	1 _____	1 _____
2 _____ _____	2 _____	2 _____	2 _____
3 _____ _____	3 _____	3 _____	3 _____
4 _____ _____	4 _____	4 _____	4 _____

Please fax to Xodus Medical at 724-337-0555