

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

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: Large Labels 10/sheet

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

Clear Labels? No Yes

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

* Maximum of 25 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 (Background color is not an option with Clear Labels)**

* **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 _____
5	5 _____	5 _____	5 _____
6	6 _____	6 _____	6 _____
7	7 _____	7 _____	7 _____
8	8 _____	8 _____	8 _____
9	9 _____	9 _____	9 _____
10	10 _____	10 _____	10 _____

Please fax to Xodus Medical at 724-337-0555