

# 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 \_\_\_\_\_