

# PharmaTags Custom Order Form

**20 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. 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 _____	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 \_\_\_\_\_