



## Viscot Medical Sterile Custom Medication Label Form

800-221-0658  
Fax 973-887-3961

Complete this Custom Order Form and fax to 973 887 3961. A custom product number will be assigned and faxed back within 24 hours. Maximum 25 characters per label. Use only generic medication names. For blank labels, print "BLANK" on the numbered line. JCAHO recommends that labels include drug name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours. When duplicate labels are needed for solution bowls and medicine cups, print the same medication name again on the next line. See [www.viscot.com](http://www.viscot.com) for examples. PDF proofs are available upon request

Medication	Label Color (Background)	Print Color	Medication	Label Color (Background)	Print Color
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

**Custom Specifications (Check  Preference)**    **Labels:**     **Color**     **Black & White**

**Waterproof Permanent Marker:**     **Reg Tip**     **Fine Tip**     **Superfine**     **Dual Tip**     **Ruler**

**Labels per pack:**     **10**     **20**     **other**            **Case Quantity (3 minimum – 100 pkgs /cs):**   

I have reviewed the custom sets of sterile labels chosen on this order form. Medication names and dosages (if desired) are all correct and acceptable. This order is ready for production and order is considered final.

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Facility Name: \_\_\_\_\_ P.O.# \_\_\_\_\_

For Viscot Use Only

Custom PN \_\_\_\_\_

Viscot PO: \_\_\_\_\_ Qty \_\_\_\_\_

Viscot Quality Approval \_\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_

Production (RN) Approval \_\_\_\_\_

Date \_\_\_\_\_