



# Made-to-Order Label Request Form

## Step 1: Select the desired rectangle *Label Size*

Please note, a one-time \$5 Art Set-Up Charge may apply for each new version ordered.

5/16" x 1 1/4" - 760/Roll - **\$12.70/Roll**

1/2" x 1 1/2" - 610/Roll - **\$12.70/Roll**

7/8" x 1 5/8" - 560/Roll - **\$13.59/Roll**

7/8" x 2 1/4" - 420/Roll - **\$13.59/Roll**

7/8" x 3" - 320/Roll - **\$13.59/Roll**

3/8" x 1 1/2" - 1,000/Roll - **\$7.03/Roll**

Fentanyl: \_\_\_\_\_  
\_\_\_\_\_ mg \_\_\_\_\_ mL

**MIDAZOLAM**

EPINEPHRINE \_\_\_\_\_ mg/ml

Date \_\_\_\_\_ Time \_\_\_\_\_ Init. \_\_\_\_\_

## Step 2: Enter the desired *Quantity*

Please note, there is a 3 Roll Order Minimum.

## Step 3: Select the desired *Label Color*

Red

Orange

Yellow

Green

Blue

Violet

Flr. Red

Flr. Orange

Flr. Yellow

Flr. Green

Flr. Blue

Flr. Purple

Flr. Pink

White

Other (please specify):

[CLICK HERE](#) to view Full List of Label Colors

[CLICK HERE](#) to view Standardized Label Colors for Specific Drugs

## Step 4: Select the desired *Imprint or Ink Color*

Black

White (reverse flood coat)

Other (please specify):



# Made-to-Order Label Request Form

**Step 5: Below are common drug label formats.  
Select the desired format.**

DRUG NAME \_\_\_\_\_ mg/ml  
Date \_\_\_\_\_ Time \_\_\_\_\_ Init. \_\_\_\_\_

DRUG NAME  
Strength \_\_\_\_\_ mcg/mL  
Exp. Dt./Tm. \_\_\_\_\_

DRUG NAME \_\_\_\_\_ mg/ml  
Date \_\_\_\_\_ Time \_\_\_\_\_ Init. \_\_\_\_\_

DRUG NAME \_\_\_\_\_ %  
Date \_\_\_\_\_ Time \_\_\_\_\_ Init. \_\_\_\_\_

DRUG NAME

DRUG NAME \_\_\_\_\_ mg/ml  
Date \_\_\_\_\_ Time \_\_\_\_\_ Init. \_\_\_\_\_

Drug: \_\_\_\_\_  
\_\_\_\_\_ mg \_\_\_\_\_ mL

DRUG NAME  
mg/mL

DRUG NAME  
MG/ML

*Quick Scan for Records  
Simplify patient documentation!*

**Step 6: Please answer the questions below regarding your imprint:**

*Drug Name (Write exact with any necessary capitalizations):*

*Would you like a blank line after the drug name? If no, please specify the set dosage:*

*Please enter your email so we can send you a proof for approval.*

*Any additional comments?*

**Please send your completed form to [customerservice@nevsink.com](mailto:customerservice@nevsink.com)  
if you would like to proceed with an order.**