



# Made-to-Order Tape Request Form

## Step 1: Select the desired *Tape Width*

- 1/2" - Ordered in increments of 6 rolls
- 3/4" - Ordered in increments of 4 rolls
- 1" - Ordered in increments of 3 rolls
- 1-1/2" - Ordered in increments of 2 rolls
- 2" - Ordered in increments of 1 roll



## Step 2: Enter the desired *Quantity*

Enter your quantity based on the required increments listed in Step 1.

## Step 3: Select the desired *Tape Length*

- 500" (1" Core)
- 60 Yards (3" Core)

[CLICK HERE](#) to view Tape Pricing Chart

RED	ROSE	PINK	ORANGE	COPPER	GOLD
SALMON	YELLOW	CHARTREUSE	LIME	GREEN	AQUA
BLUE	LAVENDER	VIOLET	WHITE	SILVER	BLACK

Other (please specify):

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

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

## Step 5: Select the desired *Imprint or Ink Color*

- Black
- White (reverse flood coat)
- Other (please specify):



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**Step 6: Below are common drug tape formats.  
Please select the desired format.**

DRUG NAME _____ mg/ml
Date _____ Time _____ Init. _____

<b>DRUG NAME</b>
Strength _____ mcg/mL
Exp. Dt./Tm. _____

<b>DRUG NAME</b> _____ mg/ml
Date _____ Time _____ Init. _____

DRUG NAME _____ %
Date _____ Time _____ Init. _____

<b>DRUG NAME</b>
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DRUG NAME _____ mg/ml
Date _____ Time _____ Init. _____

Drug: _____
_____ mg _____ mL

<b>DRUG NAME</b>
mg/mL

<b>DRUG NAME</b>
____ MG/ML


*Quick Scan for Records*  
*Simplify patient documentation!*

**Step 7: 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.**