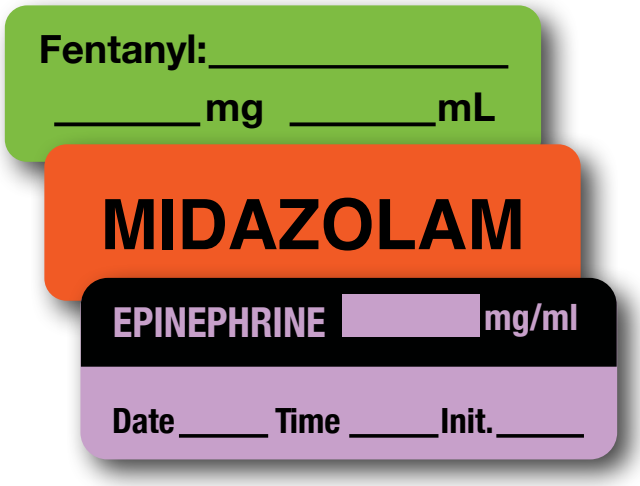
Made-to-Order Label Request Form

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 ¼” - 760/Roll - **$12.70/Roll**
- ☐ 1/2” x 1 ½” - 610/Roll - **$12.70/Roll**
- ☐ 7/8” x 1 ⅝” - 560/Roll - **$13.59/Roll**
- ☐ 7/8” x 2 ¼” - 420/Roll - **$13.59/Roll**
- ☐ 7/8” x 3” - 320/Roll - **$13.59/Roll**
- ☐ 3/8” x 1 ½” - 1,000/Roll - **$7.31/Roll**



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):

Nev’s Ink, Inc. • 2500 W. Sunset Drive, Waukesha, WI 53189 • **Toll Free:** (800) 638-7465 • nevsink.com

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Step 5: Please answer the questions below regarding your imprint:

Looking to make a **drug label**? If so, select one of these common drug label formats:

☐ DRUG NAME _____ UNIT
Date_____ Time _____Init._____

Customize the Drug Name and the Unit

☐ DRUG NAME
Strength _____ Unit
Exp. Dt./Tm._____

☐ DRUG NAME
___ UNIT
QR CODE

Quick Scan for Records
Simplify patient documentation!

☐ DRUG NAME

☐ DRUG NAME _____unit
Date_____ Time _____Init._____

☐ DRUG NAME _____unit
Date_____ Time _____Init._____

If instead you're looking to make your own imprint, select this option:

☐ YOUR IMPRINT HERE

Customize with your own text!

Please enter your exact imprint below, including any necessary capitalization. If you are ordering a drug label, provide the specific drug name and unit abbreviation instead.

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

Any additional comments?

Step 6: Please see the next page and provide your ordering information if you wish to proceed with an order. Alternatively, you may save this form and attach it to your hard copy purchase order.

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Customer Information:

Company Name:

Purchasing Order Number:

Contact Name:

Email:

Payment Method: ☐ Invoice ☐ Credit Card

If paying with Credit Card, please fill out the following information:

Credit Card Number

Expiration Date:

Security Code:

ZIP Code:

Billing Address:

Street Address:

City:

State:

ZIP Code:

Shipping Address:

Street Address:

City:

State:

ZIP Code:

Step 7: Send your completed form to *customerservice@nevsink.com* to proceed with an order. You may also attach reference images of existing labels you'd like us to replicate.