

# 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



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: Please answer the questions below regarding your imprint:

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

DRUG NAME _____ UNIT
Date _____ Time _____ Init. _____

*Customize the Drug Name and the Unit*

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

<b>DRUG NAME</b>	
UNIT	

*Quick Scan for Records  
simplify patient documentation!*

<b>DRUG NAME</b>
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<b>DRUG NAME</b> _____ unit
Date _____ Time _____ Init. _____

<b>DRUG NAME</b> _____ unit
Date _____ Time _____ Init. _____

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

<b>YOUR IMPRINT HERE</b>
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*Customize with your own text!*

Please enter your exact imprint below, including any necessary capitalization. If you are ordering a drug tape, 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 7: 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:

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## 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:

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## Billing Address:

Street Address:

City:

State:

ZIP Code:

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## Shipping Address:

Street Address:

City:

State:

ZIP Code:

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**Step 8: Send your completed form to [customerservice@nevsink.com](mailto:customerservice@nevsink.com) to proceed with an order. You may also attach reference images of existing labels you'd like us to replicate.**