



PharmaTags Custom Order Form

10 Label Set



visit us at www.RMACsurgical.com

call us at 1-888-299-2661

Email: sales@pharmatags.com

Fax completed order form to RMAC Surgical Inc at **416-675-1221**

Your Information:

Facility Name: _____

Contact Name: _____

PO#: _____

Phone#: _____

Your Box Quantity

100 sets per box or

300 sets per box

Your Marker*

Fine Tip or

Dual Tip

Include in Your Kit

Ruler and

PharmaTabs (Basin Labels) and

Specimen Labels and

Time Out Tent and

Time Out Surgical Pause Card

For blank labels write "blank" on line

For duplicate labels repeat medication name

Guideline: Max 25 characters per label and use of generic names

Number of Boxes required _____ Black on White <input type="checkbox"/> or Color Coded <input type="checkbox"/> Space for "Amt" & "Exp" <input type="checkbox"/>

Number of Boxes required _____ Black on White <input type="checkbox"/> or Color Coded <input type="checkbox"/> Space for "Amt" & "Exp" <input type="checkbox"/>

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

9.

9.

10.

10.

*2006 JCAHO Requirement recommends you include drug **Name, Strength, Expiration Time** (if expires in less than 24 hours) and **Amount** on the sterile field (if not apparent from containers). Decide if you need **"Amt & Exp"** on your labels. A **permanent waterproof, smudge proof label marker** is indicated for all labels QF 7.2.1 REV 2 Effective 2017-10-16



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1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

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