



DEXMEDETOMIDINE

mg PROPHE

EPIDURAL
ALERT

Succinylcholine

LIDOCAINE

NARCO

FRIDGE

CALCIUM CHLORIDE

ACEPROMA NORMAL SALINE

PharmaSystems®	CUSTOM LABELS, YOUR WAY.
CUSTOM LABEL ORDER FORM	

ZOL

ACE

CARTROPHEN

EPINEPHRINE

ALFAXALONE

ALOPERIDOL

mg

Patient: _____
Date & Time: _____

Succinylcholine

HIGH
ALERT

Methadone can be fatal
taken by individuals
whom it is not prescribed for.
Shake well before use.
cause drowsiness
medication stored
box in the refrigerator.
advised not to take alcohol
beverages when taking
medication.

MIDAZOLAM

STORE AT ROOM
TEMPERATURE
OR REFRIGERATE

MAGNESIUM

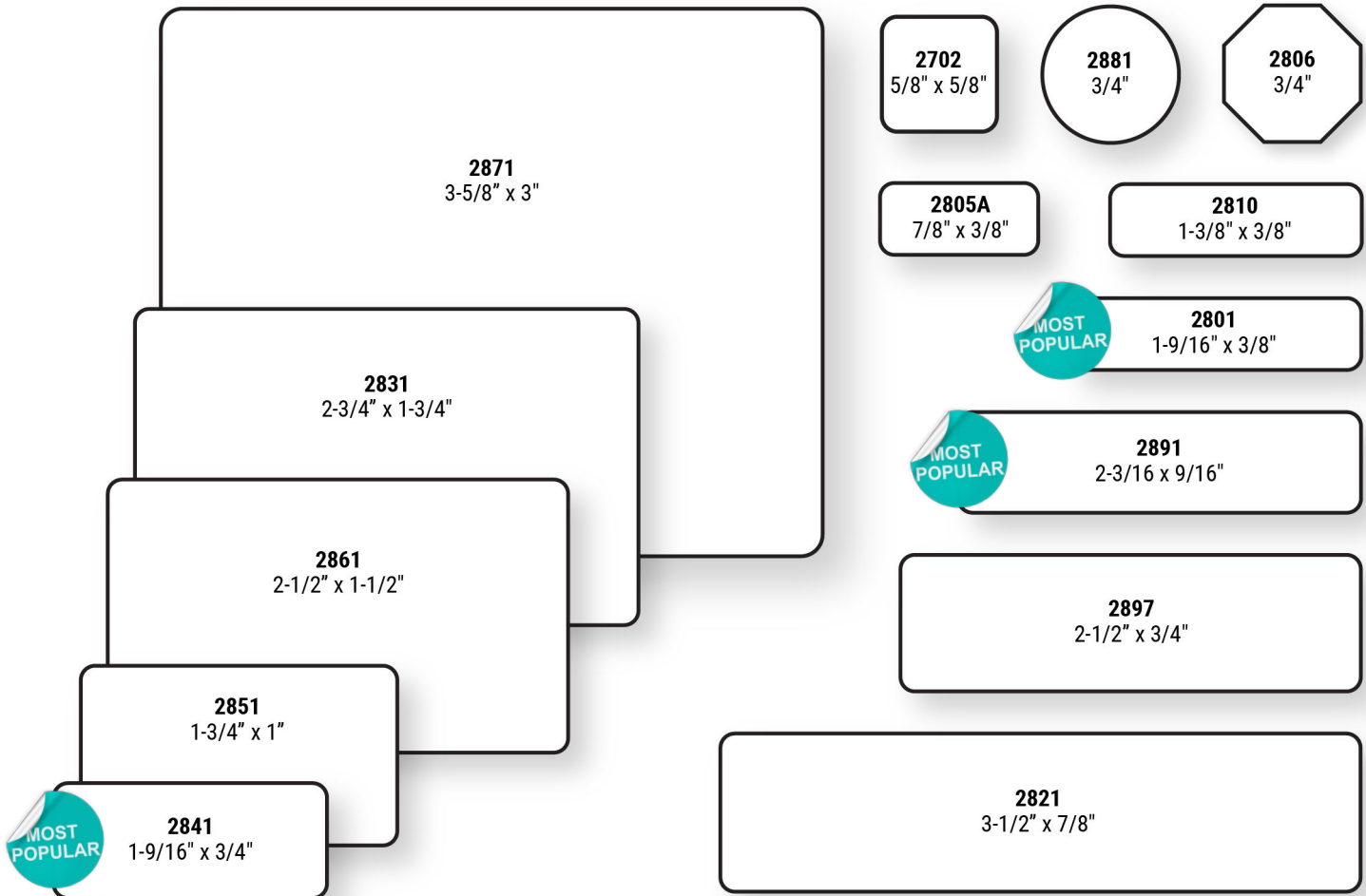
LIDOC

PharmaSystems®

LABELS ARE ACTUAL SIZE

CUSTOM LABEL SIZES

SELECT YOUR SIZE



Item NO.	Dimensions (W x H)	Qty	MOQ
2871	3-5/8" x 3"	1,000	2,000
2831	2-3/4" x 1-3/4"	1,000	1,000
2861	2-1/2" x 1-1/2"	1,000	1,000
2851	1-3/4" x 1"	1,000	1,000
2841	1-9/16" x 3/8"	1,000	6,000
2702	5/8" x 5/8"	1,000	1,000
2881	3/4"	1,000	1,000

Item NO.	Dimensions (W x H)	Qty	MOQ
2806	3/4"	1,000	1,000
2805A	7/8" x 3/8"	1,000	1,000
2810	1-3/8" x 3/8"	1,000	1,000
2801	1-9/16" x 3/8"	1,000	1,000
2891	2-3/16" x 9/16"	1,000	1,000
2897	2-1/2" x 3/4"	1,000	1,000
2821	3-1/2" x 7/8"	1,000	1,000

Item NO.	Description	Roll Capacity
12721	Stack & Connect Label Dispenser	10 Rolls
12998	Stack & Connect Label Dispenser	20 Rolls
2506-01	Drop & Load Label Dispenser	30 Rolls



PharmaSystems Inc.

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PHARMASYSTEMS CUSTOM LABELS

SELECT LABEL SIZE & QUANTITY

LABEL ITEM NO.

QTY:

BOX(ES)

SELECT BACKGROUND COLOUR

- BLACK**
- WHITE**
- RED**
- NAVY BLUE**
- SKY BLUE**
- YELLOW**
- GREEN**
- ORANGE**
- PURPLE**

- FLUORESCENT RED**
- FLUORESCENT ORANGE**
- FLUORESCENT YELLOW**
- FLUORESCENT GREEN**
- FLUORESCENT PINK**

Please note: Only black text is available with fluorescent colours

SELECT TEXT COLOUR

- BLACK**
- WHITE**
- RED**
- NAVY BLUE**
- SKY BLUE**
- YELLOW**
- GREEN**
- ORANGE**
- PURPLE**

INPUT LABEL INFORMATION (PLEASE PRINT CLEARLY)

ADD A SYMBOL (OPTIONAL)

TO INCLUDE A COMPANY LOGO OR CUSTOM SYMBOL, PLEASE SUPPLY A VECTOR FILE (AI, EPS, PDF, SVG).



SYMBOL NO.:

PHARMACY NAME:		CONTACT NAME:	
ADDRESS:		PHONE:	
CITY:		FAX:	
PROVINCE:	POSTAL CODE:	EMAIL:	
DATE:	WHOLESALER:	ACCOUNT NO.:	



Please email or fax the completed order form to us. Kindly only return this page. Please note: we'll send a label proof to the email provided for approval. Labels will be ordered only after approval is confirmed.

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