

CUSTOM LABEL FORM (ROLLS)

Clinic Details

Post Code:
Contact Name:
Tel:

Text position / alignment

Text Here	Centred
Text Here	Top Centre
Text Here	Top Left
Text Here	Absolute Left

Dot Leaders

Text Here	Centre, plain dot leader
Text Here	Left absolute, plain dot header
Text Heremg/ml	Left, dot leader with DOSE text

Label Details and layout requirements:

Drug/Label text (Exact text as it is to be printed)	QTY (Rolls)	Text position (Left / Centre / Top etc)	Text Colour	Dot Leader? (dotted line to write on +/- additional text)	Label Colour	Same Format as before*?

* For clinics that have ordered this label and want the same label/text colour and layout just enter "Yes" If it's a new format or previous one needs changing, please enter "No" or "X"

Please call us direct to discuss your label format or layout on 01422 839 021 or send your completed form to info@infusionconcepts.com, quoting your website order number in the subject line.