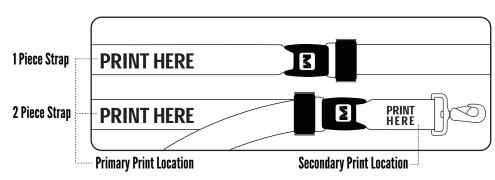
## **SCREEN PRINT ORDER FORM**



Screen print your Morrison Medical straps with your logo or company information for easy identification and loss prevention. Complete this form and return to your sales representative or Morrison Medical when placing an order.



Company/Distributor:	This artwork is (Circle One): NEW or EXISTING If existing, please specify the most recent purchase order using this artwork:  Item Number:				
Contact Name:					
	Quantity:				
Contact Phone/email:	Strap Color:				
	Imprint Color (Circle One):				
Purchase Order:	BLACK	YELLOW	TAN	GRAY	BLUE
	Font: Circle One. A	dditional fonts available	by request. If not	t specified, a font a	will be selected for you.
Order Date:	IMPACT	ARIAL BK	STENCII	TIMES	ROCKWELL
Ship to Name:  (If different than person who placed order)  Form Completed By:	spelling, syn  Primary Lo	ibols, and single or do	uble line printi	ng. '	ower case letters, correct
PRICING	Secondary Location: If applicable. Printable space is approximately 3.5" x 1.5". Not available on most Patho-Shield straps. Call for details.				
Contact your supplier of Morrison  Medical products for pricing and					
availability. If you do not currently have a supplier, call us at 1.800.438.6677 and we'll be happy to refer you to one of our many valued distributors.		T A LOGO OR AR MORRISON MED tructions:			