

STAT® VIAL
 314 School Board Drive
 New Iberia, Louisiana 70560
 1-866-STAT-VIAL
 1-866-782-8842

CUSTOM VIAL ORDER FORM

Print and Fax Form to:

1-337-364-9669

BILL TO:

SHIP TO: (If different from "Bill To:")

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Daytime Phone (____) _____
 Fax Number (____) _____

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Need By Date: _____ (Must be at least 14 days from order date.)
 Ship Via: _____

Select Vial Size: STAT (5cc) Mini-STAT (3cc)

Side 1 (Prescription) No Border One Color: Two Colors: (Choose Two) Three Colors: (Choose Three)

Choose Border _____



Color Options

Blue	Black	Cyan
Magenta	Purple	Red
Green	Orange	Teal

Side 2 (Logo Side) No Border One Color: Two Colors: (Choose Two) Three Colors: (Choose Three)

Available Solid Backgrounds (Select Under One Color)

Magenta	Blue	Combo
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Example  **Example** 

Check Here if Your Logo Will Appear On Vial

Text Options

	Side 1	Side 2
Choose Color _____	Text Line 1 _____	Text Line 1 _____
Side 1		
Choose Color _____	Text Line 2 _____	Text Line 2 _____
Side 2		
	Text Line 3 _____	Text Line 3 _____

Optional Data: (Limit 6 Characters)

Lot #: _____ **Maximum 20 Characters per Line**

Beyond Use Date: _____ **Maximum 20 Characters per Line**

Include "For Inhalation Only" on Label Yes No

Case Quantity Ordered _____ PO # _____
 Authorized Representative _____ Date _____

For Office Use Only	Item Number: _____
Estimated Ship Date: _____	Distributor Name: _____