



E-MAIL TO: orders@medicus-health.com

FAX BACK TO: 616-514-1141

Custom Room ID Flag System Order Form

Please copy, complete and fax or mail with your purchase order.

How to Order:

- Provide: Text for each flag (Indicate black or white text)
- Quantity required
- Desired color of each flag List 4" or 8"
- Printing on one side or both sides of flag

Quantity: _____

4" or 8": _____

One or Both Sides: _____

Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____
Title:	_____

Flag #1 Color: _____

Flag #2 Color: _____

Flag #3 Color: _____

Flag #4 Color: _____

Flag #5 Color: _____

Flag #6 Color: _____

Flag #7 Color: _____

Flag #8 Color: _____

Flag #9 Color: _____

Flag #10 Color: _____

Flag #11 Color: _____

Flag #12 Color: _____

12 Colors to Choose:



White



Coral



Black



Orange



Blue



Yellow



Grey



Red



Green



Beige



Turquoise



Lavender

Special Instructions: _____

Bill To: _____

Ship To: _____

P.O.: _____

P.O.: _____

Purchased by (Name): _____

Phone Number: _____ Fax Number: _____

E-Mail Address _____