



Sterile Label Strip – Enquiry Form

Up to 18 labels may be selected per sterile strip. Please enter clearly the drug/label name & Cat No (if known) in the desired label order. We will endeavour to return a proof to you within 24 hours.

	Drug / Label Name	Cat No.
1		
2		
3		
4		
5		
6		
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10		
11		
12		
13		
14		
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16		
17		
18		

Do you require waterproof sterile labels? Yes ☐ No ☐

Please enter contact details below & then email or fax the completed form back to us.

Name		Position	
Hospital/Trust			
Address			
	Postcode		
Department		Telephone	Ext.
Email		Fax	
Signed		Date	

WMF.005.SLS v5.24

Please complete and return form to:
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Tel: 0845 6800 377 Email: sales@waltersmedical.co.uk Web: www.waltersmedical.co.uk