

MEDICAL LABELS

HMO/PPO

MINI LABELS

ATTENTION

ATTENTION

WRAPS

CONFIDENTIAL

For Authorized
Personnel Only

HIPAA

ALLERGIC TO:

- CODEINE
- SULFA
- PENICILLIN

ALLERGY



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NAME ALERT

Two patients
with same name

ALERT

DIABETIC

CHART

LIVING
WILL

ADVANCE
DIRECTIVE

BC/BS

INSURANCE
PROVIDERS

CO-PAY

INSURANCE

Just a friendly
reminder
that your account is
overdue. Won't you please
mail your remittance?

BILLING &
COLLECTION

Designed
to **Stand
Out**

MINI LABELS

Select from a collection of the most popular small size labels. These labels take up less chart space, but provide a BIG message impact. All labels packaged in self-dispensing boxes.

CO-PAY

A UL308 Fl. Pink
1-1/4" x 5/16" 500/BOX

LIVING WILL

A MAP227 Fl. Pink
1-1/4" x 5/16" 500/BOX

MEDICAID

A MAP120 Fl. Pink
1-1/4" x 5/16" 500/BOX

PERSONAL INJURY

A MAP543 Fl. Pink
1-1/4" x 5/16" 500/BOX

PRECERT#
DATE

A MAP625 Fl. Pink
1-1/4" x 5/16" 500/BOX

Thank you for
your recent payment.

A MAP436 Fl. Pink
1-1/4" x 5/16" 500/BOX

PREMEDICATE

A MAP344 Fl. Pink
1-1/4" x 5/16" 500/BOX

REFERRAL NEEDED

A MAP161 Fl. Pink
1-1/4" x 5/16" 500/BOX

Rh NEGATIVE

A MAP511 Fl. Pink
1-1/4" x 5/16" 500/BOX

SMOKER

A MAP186 Fl. Pink
1-1/4" x 5/16" 500/BOX

ATTENTION

A MAP348 Fl. Chart.
1-1/4" x 5/16" 500/BOX

COLLECTION AGENCY
Date

A MAP305 Fl. Chart.
1-1/4" x 5/16" 500/BOX

COUMADIN PATIENT

A MAP228 Fl. Chart.
1-1/4" x 5/16" 500/BOX

HYPERTENSION

A MAP347 Fl. Chart.
1-1/4" x 5/16" 500/BOX

SECONDARY INSURANCE

A MAP124 Fl. Chart.
1-1/4" x 5/16" 500/BOX

AUTO

A MAP126 Fl. Chart.
1-1/4" x 5/16" 500/BOX

Full Amount Due

A MAP439 Fl. Chart.
1-1/4" x 5/16" 500/BOX

CIGNA

A MAP546 Fl. Chart.
1-1/4" x 5/16" 500/BOX

NAME ALERT

A MAP345 Fl. Chart.
1-1/4" x 5/16" 500/BOX

PACEMAKER

A MAP229 Fl. Chart.
1-1/4" x 5/16" 500/BOX

ADVANCE DIRECTIVE

A UL365 Fl. Green
1-1/4" x 5/16" 500/BOX

DIABETIC

A MAP226 Fl. Green
1-1/4" x 5/16" 500/BOX

HEPATITIS

A MAP610 Fl. Green
1-1/4" x 5/16" 500/BOX

NO INSURANCE

A MAP286 Fl. Green
1-1/4" x 5/16" 500/BOX

NO REFERRAL NEEDED

A A1023 Fl. Green
1-1/4" x 5/16" 500/BOX

PPO

A MAP112 Fl. Green
1-1/4" x 5/16" 500/BOX

SELF PAY

A MAP123 Fl. Green
1-1/4" x 5/16" 500/BOX

SIGNATURE ON FILE

A MAP538 Fl. Green
1-1/4" x 5/16" 500/BOX

WORKERS' COMP.

A MAP121 Fl. Green
1-1/4" x 5/16" 500/BOX

PRIVATE

A MAP542 Fl. Green
1-1/4" x 5/16" 500/BOX

REFERRAL ATTACHED

A MAP547 Fl. Green
1-1/4" x 5/16" 500/BOX

HMO/PPO

A UL325 White/Red
1-1/4" x 5/16" 500/BOX

BC/BS

A MAP127 Lt. Blue
1-1/4" x 5/16" 500/BOX

BLUE CROSS

A MAP536 Lt. Blue
1-1/4" x 5/16" 500/BOX

BLUE SHIELD

A MAP537 Lt. Blue
1-1/4" x 5/16" 500/BOX

CAPITATION

A MAP302 Lt. Blue
1-1/4" x 5/16" 500/BOX

NO KNOWN ALLERGIES

A MAP506 Lt. Blue
1-1/4" x 5/16" 500/BOX

Small Balance Due

A MAP437 Lt. Blue
1-1/4" x 5/16" 500/BOX

ADVANCE DIRECTIVE

A MAP346 Fl. Orange
1-1/4" x 5/16" 500/BOX

DECEASED

A MAP199 Fl. Orange
1-1/4" x 5/16" 500/BOX

HMO

Do you have authorization?

A MAP540 Fl. Orange
1-1/4" x 5/16" 500/BOX

MEDICARE

A MAP113 Fl. Orange
1-1/4" x 5/16" 500/BOX

WRITTEN OFF TO BAD DEBT

A MAP306 Fl. Red
1-1/4" x 5/16" 500/BOX

MEDI-CAL

A MAP539 Fl. Red
1-1/4" x 5/16" 500/BOX

ALLERGIC TO:

A UL439 Fl. Red
1-1/4" x 5/16" 500/BOX

ALLERGIC TO PENICILLIN

A MAP507 Fl. Red
1-1/4" x 5/16" 500/BOX

CASH ONLY

A MAP541 Fl. Red
1-1/4" x 5/16" 500/BOX

CO-PAY

A MAP122 Fl. Red
1-1/4" x 5/16" 500/BOX

DECEASED

A UL368 Fl. Red
1-1/4" x 5/16" 500/BOX

HEART CONDITION

A MAP187 Fl. Red
1-1/4" x 5/16" 500/BOX

HMO

A MAP191 Fl. Red
1-1/4" x 5/16" 500/BOX

INSURANCE

A MAP119 Fl. Red
1-1/4" x 5/16" 500/BOX

AETNA

A MAP128 Fl. Red
1-1/4" x 5/16" 500/BOX

MEDICAL ALERT

A MAP164 Fl. Red
1-1/4" x 5/16" 500/BOX

MEDIGAP

A MAP293 Fl. Red
1-1/4" x 5/16" 500/BOX

NAME ALERT

A UL366 Fl. Red
1-1/4" x 5/16" 500/BOX

STAT

A MAP343 Fl. Red
1-1/4" x 5/16" 500/BOX



QH MAP3300 White/Red
3-1/4" x 1-3/4" 250/BOX



QH MAP6440 White/Red
3-1/4" x 1-3/4" 250/BOX



QH MAP3310 White/Red
3-1/4" x 1-3/4" 250/BOX

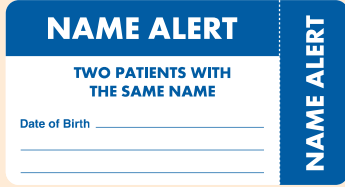
WRAPS

Labels wrap-around folder edges alerting staff to important information. Patients' conditions are clearly visible with charts opened or closed. All labels packaged in self-dispensing boxes.

NOT SHOWN ACTUAL SIZE



QH MAP3150 White/Blue
3-1/4" x 1-3/4" 250/BOX



QH MAP3100 White/Blue
3-1/4" x 1-3/4" 250/BOX



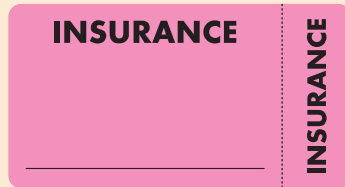
QH MAP5190 White/Blue
3-1/4" x 1-3/4" 250/BOX



QH MAP5200 White/Green
3-1/4" x 1-3/4" 250/BOX



QH MAP6410 Fl. Red
3-1/4" x 1-3/4" 250/BOX



QH MAP5210 Fl. Pink
3-1/4" x 1-3/4" 250/BOX



S MAP3330 White/Red
2" x 2" 250/BOX



J MAP3120 Red/Black
3" x 1" 250/BOX



J MAP6460 Fl. Red
3" x 1" 250/BOX



J MAP6450 Fl. Red
3" x 1" 250/BOX



S MAP3340 White/Red
2" x 2" 250/BOX



J MAP3160 White/Blue
3" x 1" 250/BOX



J MAP3110 White/Blue
3" x 1" 250/BOX



J MAP6430 White/Red
3" x 1" 250/BOX



J MAP6270 White/Red
3" x 1" 250/BOX



J MAP6420 Fl. Pink
3" x 1" 250/BOX



J MAP3090 Fl. Pink
3" x 1" 250/BOX



J A1012 Lt. Blue
3" x 1" 250/BOX



J MAP6480 Lt. Blue
3" x 1" 250/BOX



J MAP3140 Fl. Orange
3" x 1" 250/BOX



J MAP3080 Fl. Orange
3" x 1" 250/BOX



J MAP5220 Fl. Chartreuse
3" x 1" 250/BOX

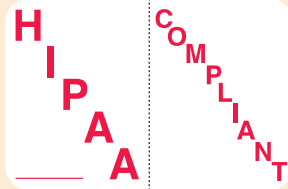


J MAP6470 Fl. Chartreuse
3" x 1" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

HIPAA

Bright, eye catching colors highlight your commitment to privacy and confidentiality to staff and patients. Pressure sensitive labels document your compliance efforts. All labels packaged in self-dispensing boxes.



H A1010 White/Red
1-1/2" x 1" 250/BOX

CONFIDENTIAL
For Authorized Personnel Only

V MAP253 Red/White 4" x 2-1/2" 100/BOX

CONFIDENTIAL
For Authorized Personnel Only

M MAP251 Red/White 6-1/2" x 1" 100/BOX

Confidential: PROTECTED HEALTH INFORMATION
Authorized Personnel Only

L A1011 Red/White 5-1/2" x 1" 100/BOX

CONFIDENTIAL
For Authorized Personnel Only

SX MAP254 Red/White
2" x 2" 500/BOX

CONFIDENTIAL
For Authorized Personnel Only

ACTUAL SIZE
NOT SHOWN

M A1019 White/Red 6-1/2" x 1" 100/BOX

AUTHORIZATIONS ON FILE

APPROVED BY _____

DATE _____

QH MAP6880 White/Red 3-1/4" x 1-3/4" 250/BOX

**DO NOT
RELEASE**

I A1006 Red/Black 2" x 1" 500/BOX

CONFIDENTIAL
For Authorized Personnel

I A1007 Red/Black 2" x 1" 500/BOX

**HIPAA
ACKNOWLEDGEMENTS
ON FILE**

F A1000 Fl. Orange 2-1/4" x 7/8" 420/BOX

**PHI
RESTRICTIONS
ON FILE**

F A1001 Lt. Blue 2-1/4" x 7/8" 420/BOX

**HIPAA
SIGNATURE
ON FILE**

F A1002 Fl. Chart. 2-1/4" x 7/8" 420/BOX

**AUTHORIZATIONS
REVOKED**

F A1003 Fl. Pink 2-1/4" x 7/8" 420/BOX

**AUTHORIZATIONS
ON FILE**

F A1004 Fl. Red 2-1/4" x 7/8" 420/BOX

**ORIGINAL
PLEASE RETURN**

F UL806 Fl. Green 2-1/4" x 7/8" 420/BOX

HIPAA

Patient Record
Confidential

V MAP256 Green/White 4" x 2-1/2" 100/BOX

CONFIDENTIAL

DL MAP2000 Fl. Red
1-1/2" x 7/8" 250/BOX

CONFIDENTIAL

DL A1013 Fl. Orange
1-1/2" x 7/8" 250/BOX

Patient Record
Confidential

M MAP252 Green/White 6-1/2" x 1" 100/BOX

Patient Record
Confidential

The privacy and security of your personal health information is important to us!

ACTUAL SIZE NOT SHOWN

Patient Record
Confidential

M A1020 White/Green 6-1/2" x 1" 100/BOX

SX MAP255 Green/White
2" x 2" 500/BOX

DH MAP6860 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

HIPAA PRIVACY ALERTS

_____ Acknowledgement of NPP on file
(date)

_____ Restrictions on file
(date)

_____ Confidential communications on file
(date)

_____ Amendments on file
(date)

V A1008 Fl. Green 4" x 2-1/2" 100/BOX

Do Not Release
PATIENT RECORD

B MAP687 Red/White 2-1/2" x 3/4" 300/BOX

PRIVACY RESTRICTIONS

- DO NOT PHONE AT HOME
- DO NOT PHONE AT WORK
- SEND ALL MAIL TO ALTERNATE ADDRESS
- RESTRICT INFORMATION TO INDIVIDUALS
- DO NOT LEAVE MESSAGES ON ANSWERING MACHINE
- DO NOT MAIL REMINDER CARDS
- DO NOT CONTACT BY EMAIL
- OTHER PRIVACY REQUEST

V A1009 Fl. Orange 4" x 2-1/2" 100/BOX

DO NOT DESTROY | **DO NOT DESTROY**

J UL1420 Fl. Red 3" x 1" 250/BOX

Signed
Acknowledgement
of Notice of Privacy
Practices on File

I A1005 Blue/White 2" x 1" 500/BOX
SEE PAGE 20 FOR COMPLETE PRICING.

ALLERGY

The most important and popular medical label grabs the attention of doctors and staff, informing them of vital patient allergy conditions. All labels packaged in self-dispensing boxes.

ALLERGIC TO:

- PENICILLIN
- CODEINE
- SULFA
- _____
- _____
- _____



V MAP488 Fl. Red 4" x 2-1/2" 100/BOX



ALLERGIES

V MAP486 Fl. Red 4" x 2-1/2" 100/BOX



ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

V MAP327 Fl. Red 4" x 2-1/2" 100/BOX
ACTUAL SIZE NOT SHOWN

ALLERGY ALERT

DH MAP4930 Fl. Red 1-1/2" x 7/8" 250/BOX

ALLERGIC TO:

A UL439 Fl. Red 1-1/4" x 5/16" 500/BOX

ALLERGIC

E UL019 Fl. Red 1-5/8" x 7/8" 500/BOX

ALLERGIC TO:

E UL180 Fl. Red 1-5/8" x 7/8" 500/BOX

ALLERGIC TO:

- PENICILLIN
- CODEINE
- SULFA
- _____
- _____
- _____

QL MAP1550 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

QH ARD1550 Fl. Chartreuse 3-1/4" x 1-3/4" 500/BOX

ALLERGIC TO:

- PENICILLIN
- CODEINE
- SULFA
- _____
- _____
- _____

QH MAP4900 Fl. Red 3-1/4" x 1-3/4" 250/BOX

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

QL MAP1730 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

QH MAP3230 Fl. Red 3-1/4" x 1-3/4" 250/BOX

ALLERGIES

- LATEX
- DYE
- TAPE
- OTHER
- NO KNOWN ALLERGIES
- PENICILLIN
- CODEINE
- SULFA
- ERYTHROMYCIN

QH MAP3250 Fl. Red 3-1/4" x 1-3/4" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

ALLERGIES

QL MAP1630 Fl. Red 3-1/4" x 1-3/4" 250/BOX

QX ARD1630 Fl. Red 3-1/4" x 1-3/4" 500/BOX

ALLERGY

ALLERGIES

S MAP3220 Fl. Red
2" x 2" 250/BOX

ALLERGIC TO:

J MAP4940 Fl. Orange 3" x 1" 250/BOX

ALLERGIES

T UL926 Fl. Red
2-1/2" x 2-1/2" 390/BOX

ALLERGIC TO:

PENICILLIN

CODEINE

SULFA

S MAP4890 Fl. Red
2" x 2" 250/BOX

ALLERGIC TO:

J MAP4950 Fl. Pink 3" x 1" 250/BOX

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

S MAP4870 Fl. Red
2" x 2" 250/BOX

ALLERGIC TO:

J MAP3240 Fl. Red 3" x 1" 250/BOX

ALLERGIC TO:

C SS16 Fl. Red
1-7/8" x 3/4" 500/BOX

ALLERGIC TO:

B MAP496 Fl. Orange 2-1/2" x 3/4" 300/BOX

ALLERGIC TO:

B MAP497 Fl. Pink 2-1/2" x 3/4" 300/BOX

ALLERGIC TO:

B MAP326 Fl. Red 2-1/2" x 3/4" 300/BOX

ALLERGIC TO:

- CODEINE
- SULFA
- PENICILLIN

ALLERGIC TO:

ALLERGIC TO:

ALLERGIC TO:

ALLERGIC TO:

DH MAP4920 Fl. Orange
1-1/2" x 7/8" 250/BOX

DH MAP3320 Fl. Orange
1-1/2" x 7/8" 250/BOX

DH MAP3350 Fl. Pink
1-1/2" x 7/8" 250/BOX

DH MAP3390 Fl. Red
1-1/2" x 7/8" 250/BOX

DH MAP4910 Fl. Chart.
1-1/2" x 7/8" 250/BOX

ALLERGIC TO: _____

K A1039 Fl. Pink 5-1/2" x 1" 240/BOX

ALLERGIC TO:

F UL808 Fl. Red 2-1/4" x 7/8" 420/BOX

ALLERGY

ALLERGIC

ML MAP167 White/Red 6-1/2" x 1" 100/BOX

ALLERGIC TO:

ALLERGY

ALLERGIC TO:

DL MAP1000 White/Red
1-1/2" x 7/8" 250/BOX

DX ARD1000 White/Red
1-1/2" x 7/8" 500/BOX

ALLERGY

ALLERGIC TO:

QH MAP6440 White/Red
3-1/4" x 1-3/4" 250/BOX

DRUG ALLERGY:

DL MAP2240 White/Red
1-1/2" x 7/8" 250/BOX

QH MAP3300 White/Red
3-1/4" x 1-3/4" 250/BOX

ALLERGIC TO

ALLERGIC TO:

ALLERGY

J MAP6430 White/Red 3" x 1" 250/BOX

B MAP498 White/Red 2-1/2" x 3/4" 300/BOX

ALLERGIC TO:

DRUG SENSITIVITY

MEDICATION ALLERGY

J MAP3290 White/Red 3" x 1" 250/BOX

QH MAP5160 White/Red
3-1/4" x 1-3/4" 250/BOX

QH MAP5140 White/Red 3-1/4" x 1-3/4" 250/BOX

ALLERGIC:

J MAP3360 White/Red 3" x 1" 250/BOX

ALLERGIC:

LX UL927 White/Red 5-1/2" x 1" 175/BOX

ALLERGY

ALLERGIC TO:

ALLERGIC:

S MAP3330 White/Red
2" x 2" 250/BOX

O ML701 White/Red 5-1/2" x 1-3/8" 200/BOX

ALLERGIES

Drug _____
 Food _____
 Latex _____
 Other _____

NO KNOWN ALLERGIES

DL MAP1510 Lt. Blue
 1-1/2" x 7/8" 250/BOX

NO KNOWN ALLERGIES

A MAP506 Lt. Blue
 1-1/4" x 5/16" 500/BOX

NO KNOWN ALLERGIES

NO KNOWN ALLERGIES

J MAP6480 Lt. Blue 3" x 1" 250/BOX

QH MAP3280 White/Blue 3-1/4" x 1-3/4" 250/BOX

Allergic To:

Drug Latex
 Food Other

DH MAP3370 White/Blue
 1-1/2" x 7/8" 250/BOX

Allergic To:

Drug Latex
 Food Other

DH A1022 White/Black
 1-1/2" x 7/8" 250/BOX

ALLERGIC TO LATEX

DH MAP6260 Red/White
 1-1/2" x 7/8" 250/BOX

NO KNOWN ALLERGIES

F UL810 White/Red
 2-1/4" x 7/8" 420/BOX

ALLERGIC TO: PENICILLIN

B MAP499 Fl. Orange 2-1/2" x 3/4" 300/BOX

ALLERGIC TO PENICILLIN

F UL809 Fl. Red 2-1/4" x 7/8" 420/BOX

ALLERGIC TO PENICILLIN

A MAP507 Fl. Red
 1-1/4" x 5/16" 500/BOX

ALLERGIC TO PENICILLIN

DH MAP3380 Red/White
 1-1/2" x 7/8" 250/BOX

MEDICAL ALERT

QH MAP5180 Fl. Red 3-1/4" x 1-3/4" 250/BOX

MEDICAL ALERT

C A1031 Fl. Red
 1-7/8" x 3/4" 500/BOX

ALERT

Eye catching labels provide specific medical information concerning patients. Designed to quickly identify and alert doctor and staff to special patient needs.

MEDICAL ALERT

A MAP164 Fl. Red
 1-1/4" x 5/16" 500/BOX

MEDICAL ALERT

E UL188 Fl. Red
 1-5/8" x 7/8" 500/BOX

MEDICAL ALERT

QH MAP3420 White/Red 3-1/4" x 1-3/4" 250/BOX

ALERTS

<input type="checkbox"/> DIABETIC	<input type="checkbox"/> NAME ALERT
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> IMPLANTS
<input type="checkbox"/> ON ANTICOAGULANTS	<input type="checkbox"/> PREMEDICATE
<input type="checkbox"/> COUMADIN PATIENT	<input type="checkbox"/> HEARING IMPAIRED
<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> ADVANCE DIRECTIVE
<input type="checkbox"/> NO EPINEPHRINE	<input type="checkbox"/> OTHER
<input type="checkbox"/> MITRAL VALVE PROLAPSE	

QH MAP3400 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

MEDICAL ALERT

MEDICAL ALERT

J MAP6270 White/Red 3" x 1" 250/BOX

MEDICAL ALERT:

DL MAP1600 White/Red
 1-1/2" x 7/8" 250/BOX

ALERT

NAME ALERT

D.O.B. _____

QH MAP3410 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

NAME ALERT

Two patients with same name

NAME ALERT

J MAP6470 Fl. Chartreuse 3" x 1" 250/BOX

NAME ALERT

Birthdate _____

DL MAP1180 Fl. Red 1-1/2" x 7/8" 250/BOX

NAME ALERT

Two patients with same name

DL MAP1050 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

NAME ALERT

A MAP345 Fl. Chart. 1-1/4" x 5/16" 500/BOX

NAME ALERT

A UL366 Fl. Red 1-1/4" x 5/16" 500/BOX

NAME ALERT

Date of Birth _____

Two Patients

QH MAP5150 White/Blue 3-1/4" x 1-3/4" 250/BOX

NAME ALERT

TWO PATIENTS WITH THE SAME NAME

Date of Birth _____

NAME ALERT

QH MAP3100 White/Blue 3-1/4" x 1-3/4" 250/BOX

ALERT

ALERT

QH MAP3310 White/Red 3-1/4" x 1-3/4" 250/BOX

ATTENTION

A MAP348 Fl. Chartreuse 1-1/4" x 5/16" 500/BOX

NAME ALERT

Date of Birth _____

NAME ALERT

J MAP3110 White/Blue 3" x 1" 250/BOX

ALERT

ALERT

S MAP3340 White/Red 2" x 2" 250/BOX

ATTENTION

ATTENTION

QH MAP5200 Green/White 3-1/4" x 1-3/4" 250/BOX

ATTENTION:

DL MAP1010 White/Red 1-1/2" x 7/8" 250/BOX

CHART

Increase communication and efficiency in your office. Quick stick labels relate vital patient information, insuring doctors and staff are informed and up to date.

MISSED APPOINTMENT

On _____

DH MAP5030 Fl. Pink 1-1/2" x 7/8" 250/BOX

PNEUMOVAX

Date _____

Initial _____

DL MAP1890 White/Black 1-1/2" x 7/8" 250/BOX

FLU VACCINE

Date _____

DL MAP1900 Fl. Green 1-1/2" x 7/8" 250/BOX

PREGNANT

DH MAP5010 Fl. Pink 1-1/2" x 7/8" 250/BOX

Spanish is preferred by the patient

DH MAP3540 Lt. Blue 1-1/2" x 7/8" 250/BOX

MINOR

DH MAP3550 Fl. Green 1-1/2" x 7/8" 250/BOX

Rh NEGATIVE

DL MAP1720 Red/White 1-1/2" x 7/8" 250/BOX

ASTHMA

DH MAP3520 Fl. Pink 1-1/2" x 7/8" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

PREMEDICATE

C A1032 Fl. Red
1-7/8" x 3/4" 500/BOX

DIABETIC

F UL502 Fl. Pink 2-1/4" x 7/8" 420/BOX

CHART

DIABETIC

DIABETIC

J MAP3120 Red/Black 3" x 1" 250/BOX

PREMEDICATE

A MAP344 Fl. Pink
1-1/4" x 5/16" 500/BOX

PREMEDICATE

DL MAP2490 Red/White
1-1/2" x 7/8" 250/BOX

DIABETIC

DH MAP3530 Fl. Pink
1-1/2" x 7/8" 250/BOX

DIABETIC

A MAP226 Fl. Green
1-1/4" x 5/16" 500/BOX

DIABETIC

DH A1021 Red/White
1-1/2" x 7/8" 250/BOX

HEPATITIS

A MAP610 Fl. Green
1-1/4" x 5/16" 500/BOX

SMOKER

A MAP186 Fl. Pink
1-1/4" x 5/16" 500/BOX

HYPERTENSION

A MAP347 Fl. Chart.
1-1/4" x 5/16" 500/BOX

Weight	BP	Temp	Pulse

J MAP3590 Fl. Chartreuse 3" x 1" 250/BOX

NO EPINEPHRINE

C A1034 Fl. Red
1-7/8" x 3/4" 500/BOX

HEART CONDITION

A MAP187 Fl. Red
1-1/4" x 5/16" 500/BOX

PACEMAKER

A MAP229 Fl. Chart.
1-1/4" x 5/16" 500/BOX

COUMADIN PATIENT

COUMADIN PATIENT

J MAP5220 Fl. Chartreuse 3" x 1" 250/BOX

COUMADIN PATIENT

DL MAP1590 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

SEE HEALTH HISTORY

DL MAP2480 Red/White
1-1/2" x 7/8" 250/BOX

HEALTH HISTORY UPDATE

DH MAP3570 Fl. Green
1-1/2" x 7/8" 250/BOX

ON ANTI-COAGULANTS

DH MAP3580 Fl. Orange
1-1/2" x 7/8" 250/BOX

NOTE:

DL MAP1660 White/Red
1-1/2" x 7/8" 250/BOX

COUMADIN PATIENT

A MAP228 Fl. Chart.
1-1/4" x 5/16" 500/BOX

STAT

A MAP343 Fl. Red
1-1/4" x 5/16" 500/BOX

Rh NEGATIVE

A MAP511 Fl. Pink
1-1/4" x 5/16" 500/BOX

MEDICAL HISTORY UPDATE

QH MAP3600 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

HYPERTENSION

DH MAP5020 Red/White
1-1/2" x 7/8" 250/BOX

DECEASED

Date _____

DH MAP3560 Lt. Blue
1-1/2" x 7/8" 250/BOX

CAPITATION

DH MAP2980 Lt. Blue
1-1/2" x 7/8" 250/BOX

TETANUS

Date _____

Initial _____

DECEASED

A UL368 Fl. Red
1-1/4" x 5/16" 500/BOX

DECEASED

A MAP199 Fl. Orange
1-1/4" x 5/16" 500/BOX

CAPITATION

A MAP302 Lt. Blue
1-1/4" x 5/16" 500/BOX

Referral# _____

Expires _____ #Visits _____

Diagnosis _____

1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

QL MAP2450 Black/White 3-1/4" x 1-3/4" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

CHART

CHART THINNED ON BY _____

F A1017 Fl. Green 2-1/4" x 7/8" 420/BOX

CHART REQUIRES THINNING

F A1018 Fl. Green 2-1/4" x 7/8" 420/BOX

CHART INACTIVATED

- Moved/Unable to Contact
- Transferred to Another Doctor
- Non-Payment
- Missed Appointments
- No Response to Scheduling Attempts
- Patient Deceased
- Other _____

URINALYSIS

Date _____

Name _____ DOB _____

Glucose _____ pH _____

Bili _____ Protein _____

Ketone _____ Urobili _____

Sp. Gr. _____ Nitrate _____

Blood _____ Leuko _____

QH MAP3510 White/Black 3-1/4" x 1-3/4" 250/BOX

PATIENT INFORMED OF RESULTS

Date _____ By _____

Comments _____

PRIMARY CARE PHYSICIAN:

QL MAP1540 White/Black 3-1/4" x 1-3/4" 250/BOX

Dr. _____

J MAP2220 Fl. Chartreuse 3" x 1" 250/BOX

QH MAP2360 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

ADVANCE DIRECTIVE

This series is the second most important and popular. Use this label everywhere to know your patients' wishes at a glance. All labels packaged in self-dispensing boxes.

ADVANCE DIRECTIVE

A UL365 Fl. Green 1-1/4" x 5/16" 500/BOX

ADVANCE DIRECTIVE

____ Yes _____ No

Signature _____ Date _____

F UL588 Fl. Green 2-1/4" x 7/8" 420/BOX

ADVANCE DIRECTIVE

Living Will _____

Health Care Proxy _____

Durable Power of Attorney _____

for Health Care _____

Other _____

T UL851 Fl. Green 2-1/2" x 2-1/2" 390/BOX

ADVANCE DIRECTIVE

Living Will _____

Health Care Proxy _____

Durable Power of Attorney for Health Care _____

Other _____

QH MAP3500 Fl. Orange 3-1/4" x 1-3/4" 250/BOX

ADVANCE DIRECTIVES

_____ DO NOT RESUSCITATE

_____ DURABLE POWER OF ATTORNEY FOR HEALTHCARE

_____ LIVING WILL

_____ HEALTHCARE PROXY

T A1016 Fl. Yellow 2-1/2" x 2-1/2" 390/BOX

LIVING WILL

DL MAP2440 Red/White 1-1/2" x 7/8" 250/BOX

ADVANCE DIRECTIVE

A MAP346 Fl. Orange 1-1/4" x 5/16" 500/BOX

DNR

F A1014 Fl. Red 2-1/4" x 7/8" 420/BOX

DNR

DL MAP2010 Fl. Orange 1-1/2" x 7/8" 250/BOX

LIVING WILL

A MAP227 Fl. Pink 1-1/4" x 5/16" 500/BOX

LIVING WILL ON FILE

F UL590 Fl. Orange 2-1/4" x 7/8" 420/BOX

Insurance _____
 Co-Pay _____ Deductible _____
 Referral needed _____ Double coverage _____
 Prior Approval Required _____
 Medicare _____ Medicare Supplement _____
 Workers Comp _____ Personal Injury _____
 No Insurance _____ Debt Risk _____

QH MAP2950 Fl. Orange 3-1/4" x 1-3/4" 250/BOX

- Medicare BC/BS
- Medicaid HMO
- Self Pay PPO

DL MAP2380 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

INSURANCE YR. _____
 PRIMARY _____
 SECONDARY _____

DH MAP2850 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

INSURANCE VERIFIED
 Date _____
 Date _____
 Date _____

DH MAP2960 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

INSURANCE

Flags important insurance information and ensures expedient insurance filing. Keep your charts up to date with the constant changes in the insurance field.

INSURANCE

E UL007 Fl. Chartreuse 1-5/8" x 7/8" 500/BOX

INSURANCE

C A1035 Fl. Red 1-7/8" x 3/4" 500/BOX

- Medicare Worker Comp.
- Medicaid Self Pay
- BC/BS Auto
- United Healthcare Kaiser
- Aetna CIGNA
- Other _____

QH MAP2940 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

INSURANCE PROVIDER

INSURANCE PROVIDER

INSURANCE PROVIDER:

DL MAP1110 White/Red 1-1/2" x 7/8" 250/BOX

INSURANCE

DH MAP2880 Fl. Red 1-1/2" x 7/8" 250/BOX

INSURANCE

DH MAP2840 Fl. Red 1-1/2" x 7/8" 250/BOX

QH MAP5190 Blue/White 3-1/4" x 1-3/4" 250/BOX

INSURANCE

INSURANCE

A MAP119 Fl. Red 1-1/4" x 5/16" 500/BOX

INSURANCE

QH MAP2830 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

INSURANCE

INSURANCE

QH MAP5210 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

QL MAP1570 Fl. Red 3-1/4" x 1-3/4" 250/BOX

INSURANCE

DL MAP1700 Fl. Red 1-1/2" x 7/8" 250/BOX

Insurance _____
 Lab _____
 Radiologist _____
 Co-Pay _____

DL MAP1100 Fl. Green 1-1/2" x 7/8" 250/BOX

INSURANCE

INSURANCE

J MAP6420 Fl. Pink 3" x 1" 250/BOX

INSURANCE

INSURANCE

J MAP3140 Fl. Orange 3" x 1" 250/BOX

INSURANCE PROVIDERS

Quickly identify the insurance carrier of your patient with bright bold colors. All labels packaged in self-dispensing boxes.

SECONDARY INSURANCE

A MAP124 Fl. Chartreuse
1-1/4" x 5/16" 500/BOX

MEDI-CAL

A MAP539 Fl. Red
1-1/4" x 5/16" 500/BOX

BLUE CROSS

A MAP536 Lt. Blue
1-1/4" x 5/16" 500/BOX

BLUE SHIELD

A MAP537 Lt. Blue
1-1/4" x 5/16" 500/BOX

BC/BS

A MAP127 Lt. Blue
1-1/4" x 5/16" 500/BOX

BLUE CROSS

DH MAP2900 Lt. Blue
1-1/2" x 7/8" 250/BOX

BLUE SHIELD

DH A1030 Lt. Blue
1-1/2" x 7/8" 500/BOX

BLUE SHIELD

DH MAP5320 Lt. Blue
1-1/2" x 7/8" 250/BOX

MEDICARE

MEDICARE

J MAP3080 Fl. Orange 3" x 1" 250/BOX

MEDIGAP

DH MAP2920 Fl. Red
1-1/2" x 7/8" 250/BOX

MEDICAID

MEDICAID

J MAP3090 Fl. Pink 3" x 1" 250/BOX

MEDICARE

DH MAP2910 Fl. Orange
1-1/2" x 7/8" 250/BOX

MEDICARE

DL MAP1160 Fl. Orange
1-1/2" x 7/8" 250/BOX

MEDIGAP

A MAP293 Fl. Red
1-1/4" x 5/16" 500/BOX

MEDICAID

DL MAP1340 Fl. Pink
1-1/2" x 7/8" 250/BOX

MEDICAID

DH MAP5240 Fl. Pink
1-1/2" x 7/8" 250/BOX

MEDICARE

A MAP113 Fl. Orange
1-1/4" x 5/16" 500/BOX

MEDICARE

C A1036 Fl. Red
1-7/8" x 3/4" 500/BOX

MEDICAID

A MAP120 Fl. Pink
1-1/4" x 5/16" 500/BOX

MEDICARE HMO

DH MAP5260 Lt. Blue
1-1/2" x 7/8" 250/BOX

MEDICARE AND INSURANCE

DH MAP5280 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

PRIVATE

DH MAP2970 Fl. Green
1-1/2" x 7/8" 250/BOX

CIGNA

DL MAP1430 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

AUTO

DH MAP5480 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

MANAGED CARE

PRIOR APPROVAL
REQUIRED

CO-PAY \$ _____

DL MAP1300 Fl. Pink
1-1/2" x 7/8" 250/BOX

PRIVATE

A MAP542 Fl. Green
1-1/4" x 5/16" 500/BOX

CIGNA

A MAP546 Fl. Chartreuse
1-1/4" x 5/16" 500/BOX

AUTO

A MAP126 Fl. Chartreuse
1-1/4" x 5/16" 500/BOX

MANAGED CARE

DL MAP1750 Fl. Red
1-1/2" x 7/8" 250/BOX

AETNA

A MAP128 Fl. Red
1-1/4" x 5/16" 500/BOX

UNITED HEALTHCARE

DL MAP2320 Fl. Pink
1-1/2" x 7/8" 250/BOX

AETNA US HEALTHCARE

DH MAP2990 Fl. Green
1-1/2" x 7/8" 250/BOX

HUMANA

DL MAP2310 Fl. Green
1-1/2" x 7/8" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

CASH ONLY

DX UL027 Fl. Red
1-1/2" x 7/8" 500/BOX

CASH ONLY

A MAP541 Fl. Red
1-1/4" x 5/16" 500/BOX

MUST PAY EACH VISIT

A MAP544 Fl. Pink
1-1/4" x 5/16" 500/BOX

SELF PAY

DL MAP1320 Fl. Green
1-1/2" x 7/8" 250/BOX

SELF PAY

A MAP123 Fl. Green
1-1/4" x 5/16" 500/BOX

INSURANCE

NO INSURANCE

A MAP286 Fl. Green
1-1/4" x 5/16" 500/BOX

PPO

A MAP112 Fl. Green
1-1/4" x 5/16" 500/BOX

HMO

Must obtain prior authorization

DH MAP5300 Fl. Orange
1-1/2" x 7/8" 250/BOX

HMO

Do you have authorization?

A MAP540 Fl. Orange
1-1/4" x 5/16" 500/BOX

HMO

DL MAP1620 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

HMO

A MAP191 Fl. Red
1-1/4" x 5/16" 500/BOX

HMO

DL MAP1030 Fl. Red
1-1/2" x 7/8" 250/BOX

HMO

DL A1038 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

WORKERS' COMP.

DL MAP1690 Fl. Green
1-1/2" x 7/8" 250/BOX

HMO/PPO

DL MAP1040 Fl. Red
1-1/2" x 7/8" 250/BOX

HMO

HMO

J MAP6450 Fl. Red 3" x 1" 250/BOX

PPO

DL MAP1330 Fl. Red
1-1/2" x 7/8" 250/BOX

WORKER'S COMP.

DH MAP5310 Fl. Green
1-1/2" x 7/8" 250/BOX

HMO

E UL006 White/Red
1-5/8" x 7/8" 500/BOX

HMO/PPO

A UL325 White/Red
1-1/4" x 5/16" 500/BOX

PPO

E UL004 White/Red
1-5/8" x 7/8" 500/BOX

WORKERS' COMP.

A MAP121 Fl. Green
1-1/4" x 5/16" 500/BOX

PERSONAL INJURY

A MAP543 Fl. Pink
1-1/4" x 5/16" 500/BOX

PRIOR APPROVAL REQUIRED

DH MAP5500 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

PRIOR APPROVAL REQUIRED

A MAP129 Fl. Pink
1-1/4" x 5/16" 500/BOX

REFERRAL ATTACHED

A MAP547 Fl. Green
1-1/4" x 5/16" 500/BOX

SIGNATURE ON FILE

A MAP538 Fl. Green
1-1/4" x 5/16" 500/BOX

REFERRED BY:

Date _____

DH MAP5290 Fl. Orange
1-1/2" x 7/8" 250/BOX

PRECERTIFICATION REQUIRED

DH MAP5350 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

REFERRAL NEEDED

DL MAP1170 Fl. Pink
1-1/2" x 7/8" 250/BOX

REFERRING PHYSICIAN

DH MAP5340 Fl. Pink
1-1/2" x 7/8" 250/BOX

NO REFERRAL NEEDED

DL MAP1840 Fl. Green
1-1/2" x 7/8" 250/BOX

REMINDER

Patient needs referrals from primary physician

DL MAP2250 Fl. Green
1-1/2" x 7/8" 250/BOX

PREAUTHORIZATION REQUIRED

DH MAP5490 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

REFERRAL NEEDED

A MAP161 Fl. Pink
1-1/4" x 5/16" 500/BOX

PRECERT#

DATE _____

A MAP625 Fl. Pink
1-1/4" x 5/16" 500/BOX

NO REFERRAL NEEDED

A A1023 Fl. Green
1-1/4" x 5/16" 500/BOX

REFERRAL EXPIRES:

DL MAP2330 Fl. Orange
1-1/2" x 7/8" 250/BOX

INSURANCE Claim Labels

Brightly colored labels keep your patients aware of what they owe after payment from their insurance company.

Unless this claim is paid or denied within 30 days we will file a formal written complaint with the Insurance Commissioner.

C SS41 Fl. Red
1-7/8" x 3/4" 500/BOX

Documentation to support medical necessity is attached

DH MAP2780 Fl. Orange
1-1/2" x 7/8" 250/BOX

TRACER
PREVIOUSLY SUBMITTED CLAIM

DH MAP2760 Fl. Red
1-1/2" x 7/8" 250/BOX

This is not a duplicate claim.
Claim is unpaid
Please Process!

DL MAP1440 Fl. Green
1-1/2" x 7/8" 250/BOX

RESUBMITTED CLAIM

DL MAP1470 Fl. Green
1-1/2" x 7/8" 250/BOX

-SECOND SUBMISSION-
ORIGINAL CLAIM WAS SENT
ON: _____

DL MAP1450 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

Submitting for secondary coverage.
SEE ATTACHED PLEASE

DH MAP2660 Fl. Pink
1-1/2" x 7/8" 250/BOX

Primary EOB Attached
 Medicare EOB Attached

DH MAP7058 Fl. Orange
1-1/2" x 7/8" 250/BOX

DOCUMENTATION ATTACHED DO NOT SEPARATE FROM CLAIM

DH MAP2650 Fl. Green
1-1/2" x 7/8" 250/BOX

PRIMARY EOB ATTACHED

DL MAP1480 Fl. Green
1-1/2" x 7/8" 250/BOX

Corrective Claim
 Resubmitted Claim

DH MAP7060 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

RESUBMISSION:
This is not a duplicate billing. This claim has either been denied or never received. Please consider for benefits.

DH MAP2670 Fl. Pink
1-1/2" x 7/8" 250/BOX

MEDICARE EOB ATTACHED

DH MAP2690 Fl. Orange
1-1/2" x 7/8" 250/BOX

INSURANCE:
This office has not received an explanation, payment or denial on this claim. We respectfully request one. Thank you.

DH MAP2700 Fl. Orange
1-1/2" x 7/8" 250/BOX

CORRECTIVE CLAIM

DL MAP1460 Fl. Pink
1-1/2" x 7/8" 250/BOX

RESUBMISSION:
This is not a duplicate billing. This claim has either been denied or never received. Please consider for benefits or instruct if patient owes.

DH MAP2680 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

DOCUMENTATION ATTACHED

DH MAP2720 Fl. Pink
1-1/2" x 7/8" 250/BOX

BE ADVISED...
We report untimely payments to the Insurance Commissioner

DH MAP2750 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

Our original claim was never paid or denied. Please process this bill for payment within 15 days or we will file a complaint with the Insurance Commissioner.

DL MAP1150 Fl. Red
1-1/2" x 7/8" 250/BOX

SECOND CLAIM SUBMISSION
Please Process Promptly

DH MAP2710 Fl. Pink
1-1/2" x 7/8" 250/BOX

Unless this claim is paid or denied within 45 days of this date, we will file a formal written COMPLAINT with the INSURANCE COMMISSIONER.
Date: _____

DH MAP2770 Fl. Red
1-1/2" x 7/8" 250/BOX

CO-PAY

A MAP122 Fl. Red
1-1/4" x 5/16" 500/BOX

CO-PAY

A UL308 Fl. Pink
1-1/4" x 5/16" 500/BOX

ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

DL MAP1310 Fl. Red
1-1/2" x 7/8" 250/BOX

ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

C A1025 Fl. Red
1-7/8" x 3/4" 500/BOX

ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

J MAP6460 Fl. Red 3" x 1" 250/BOX

CO-PAY
ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

QH MAP3150 White/Blue
3-1/4" x 1-3/4" 250/BOX

CO-PAY
ATTENTION OFFICE STAFF: CO-PAY
\$ _____
Collect at time of visit

J MAP3160 White/Blue 3" x 1" 250/BOX

CO-PAY

DH MAP2890 Fl. Orange
1-1/2" x 7/8" 250/BOX

Attention: Office Staff
CO-PAY = \$ _____
Collect at time of Visit.

DL A1024 Fl. Green
1-1/2" x 7/8" 250/BOX

This statement is for your information. YOUR INSURANCE CLAIM HAS BEEN BILLED.

DH MAP3730 Lt. Blue
1-1/2" x 7/8" 250/BOX

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.

This statement is for the amount payable directly by you.

J MAP4470 Fl. Orange 3" x 1" 250/BOX

INSURANCE Patient Responsibility

Brightly colored labels keep your patients aware of what they owe after payment from their insurance company.

We Have Not Been Paid On This Claim Because Your Insurance Company:

- Sent payment to you
 Applied these charges to your deductible
 Does not cover this service
 Has not yet received the information requested from you
 Terminated your coverage on _____
 Other _____

Please remit in full or call to arrange a payment

QL MAP1560 Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX

YOUR BALANCE DUE TO:

- Your Deductible
 Non-Covered Services
 Co-Pay
 \$ _____

DH MAP3720 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

In order to process your claim

YOUR INSURANCE COMPANY NEEDS INFORMATION

Please contact them or send us payment in full immediately

DL MAP2100 Fl. Green
1-1/2" x 7/8" 250/BOX

PLEASE...

let us know if you have insurance coverage for these services. If not, the balance shown is now due.

DH MAP3710 Fl. Green
1-1/2" x 7/8" 250/BOX

Your balance after Medicare paid is due to:

- Your deductible (\$100 yearly)
 Non-covered services
 20% co-payment

u owe \$ _____

Thank You!

QH MAP4190
Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX

YOUR INSURANCE COMPANY has paid its share of your bill.

This statement is for the amount payable directly by you.

QH MAP4200 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.

This statement is for the amount payable directly by you.

DH MAP3690 Fl. Red
1-1/2" x 7/8" 250/BOX

PATIENT RESPONSIBILITY DUE TO:

- Deductible
 Non-Covered Services
 Too Many Services in Time Period
 Maximum Benefit Allowed Reached
 Co-Payment

PLEASE REMIT \$ _____ AS SOON AS POSSIBLE

QH MAP4180 Fl. Red 3-1/4" x 1-3/4" 250/BOX

Statement reflects amount not covered by your insurance. Please pay in full.

DH MAP3850 Fl. Red
1-1/2" x 7/8" 250/BOX

Your Insurance Co. has not paid this claim because:

- Deductible Taken
 Noncovered Service
 Insurance Cancelled
 Requested Information Not Received

Please remit payment in full.

DL MAP2120 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

Your insurance company states this balance is your responsibility.

Please remit today!

DL MAP2080 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

YOUR INSURANCE CARRIER HAS RECEIVED A COPY OF THIS BILL.

You will be notified of any balance due, upon receipt of payment from them.

DH MAP5520 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

BALANCE DUE IS NOT COVERED BY INSURANCE

Please remit payment.

DH MAP4060 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

Insurance payment OVERDUE Please check with your carrier

DH MAP4090 Fl. Orange
1-1/2" x 7/8" 250/BOX

This amount is your co-pay.

Please pay at time of service in the future.

DL MAP2050 Fl. Orange
1-1/2" x 7/8" 250/BOX

Your Insurance Company has sent YOU payment of its share of this bill . . . YOUR ACCOUNT IS NOW DUE AND PAYABLE.

DH MAP4100 Fl. Orange
1-1/2" x 7/8" 250/BOX

INSURANCE PENDING \$ _____ AMOUNT DUE NOW \$ _____

DH MAP3750 Fl. Orange
1-1/2" x 7/8" 250/BOX

YOUR INSURANCE COMPANY HAS ALREADY PAID IT'S SHARE OF YOUR BILL. This statement is for the amount you owe.

DL MAP2200 Fl. Orange
1-1/2" x 7/8" 250/BOX

PLEASE HELP

Your insurance company has not paid. Please call and encourage them to pay today. It is your responsibility to see that they pay on time.

DL MAP2060 Fl. Green
1-1/2" x 7/8" 250/BOX

THESE SERVICES ARE NOT COVERED BY YOUR INSURANCE

DH MAP4110 Fl. Green
1-1/2" x 7/8" 250/BOX

THIS BALANCE IS YOUR INSURANCE CO-PAY.

PLEASE PAY IN FULL.

DL MAP2140 Fl. Pink
1-1/2" x 7/8" 250/BOX

NO PAYMENT HAS BEEN RECEIVED FROM THE INSURANCE CLAIM WE FILED FOR YOU.

This amount is now due and payable by you.

DL MAP2070 Fl. Pink
1-1/2" x 7/8" 250/BOX

OUR RECORDS SHOW THAT YOU DO NOT HAVE INSURANCE.

If there are any changes please contact the office.

DH MAP5640 Lt. Blue
1-1/2" x 7/8" 250/BOX

SEE PAGE 20 FOR COMPLETE PRICING.

BILLING & COLLECTION

Labels designed to get noticed for the best collection results. Save staff time by using these to-the-point messages for problem accounts. *NOT SHOWN ACTUAL SIZE

WRITTEN OFF TO BAD DEBT

A MAP306 Fl. Red
1-1/4" x 5/16" 500/BOX

COLLECTION AGENCY
Date _____

A MAP305 Fl. Chart.
1-1/4" x 5/16" 500/BOX

Small Balance Due

A MAP437 Lt. Blue
1-1/4" x 5/16" 500/BOX

BAD DEBT

DL MAP1080 Fl. Red
1-1/2" x 7/8" 250/BOX

COLLECTION AGENCY

DATE _____

DL MAP2180 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

THIS BALANCE MAY BE TRANSFERRED TO YOUR
 OR 
JUST CALL US

DH MAP4630 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

PLEASE NOTE

This account is PAST DUE.
Your prompt attention is courteously requested.




DH MAP4500 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

THANK YOU for your recent payment on your account. We trust you will continue these remittances until the account is paid in full.

DH MAP4210 Fl. Pink
1-1/2" x 7/8" 250/BOX

IF YOU ARE UNABLE TO PAY IN FULL
PLEASE SEND A PARTIAL PAYMENT

DL MAP2020 Fl. Pink
1-1/2" x 7/8" 250/BOX

This balance may be transferred to your
  
Just call us!

DH MAP4650 Fl. Orange
1-1/2" x 7/8" 250/BOX

We Accept VISA, MasterCard and American Express.
Call our office with your card number and we'll be happy to bill your account.

DH MAP4660 Fl. Orange
1-1/2" x 7/8" 250/BOX

SECOND NOTICE

This account is past due. Please remit payment today. If payment has been made, please disregard this notice.

DL MAP2170 Fl. Pink
1-1/2" x 7/8" 250/BOX

In the future please be prepared to pay at the time of service.
Thank you.

DH MAP3960 Fl. Pink
1-1/2" x 7/8" 250/BOX

ACCOUNT OVERDUE!

Please remit payment in full or call for a payment plan.

DL MAP1380 Fl. Pink
1-1/2" x 7/8" 250/BOX

Thank You!

DH MAP4300 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

Please call this office to make arrangements to clear up this account.

DL MAP2160 Fl. Orange
1-1/2" x 7/8" 250/BOX

Just a friendly reminder that your account is overdue. Won't you please mail your remittance?

DH MAP4220 Fl. Green
1-1/2" x 7/8" 250/BOX

AMOUNT DUE

\$ _____

DH MAP4710 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

FRIENDLY REMINDER

This account is past due. Your prompt attention is courteously requested.

DH MAP4250 Fl. Orange
1-1/2" x 7/8" 250/BOX

PLEASE...

Having to ask a good patient for payment is not a pleasant task; however, your remittance would be greatly appreciated.

DH MAP4280 Fl. Pink
1-1/2" x 7/8" 250/BOX

THIS BALANCE IS OVERDUE!




Prompt payment will avoid collection procedures.

DH MAP4490 Fl. Red
1-1/2" x 7/8" 250/BOX




WE ACCEPT MAJOR CREDIT CARDS

To pay with your credit card please complete:
Acct. No. _____
VISA _____ MasterCard _____ American Ex _____ Discover _____
Exp. Date _____ Signature _____

J MAP5790 Fl. Chartreuse 3" x 1" 250/BOX*

To pay with your credit card please complete:
 Acct. No. _____
 Exp. Date _____ VISA MasterCard
 Signature _____

J MAP4680 Fl. Chartreuse 3" x 1" 250/BOX*

To pay with your credit card please complete:
 Acct. No. _____
 Exp. Date _____ VISA MC AmEx
 Signature _____

J MAP4670 Fl. Orange 3" x 1" 250/BOX*

FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once, this account will be reported to the CREDIT BUREAU.

J MAP5810 Fl. Orange 3" x 1" 250/BOX*

THIS BALANCE IS OVERDUE!

Prompt payment will avoid collection procedures.

J MAP5820 Fl. Green 3" x 1" 250/BOX*

IF YOU ARE UNABLE TO PAY IN FULL...

PLEASE SEND PARTIAL PAYMENT

J MAP5800 Fl. Green 3" x 1" 250/BOX*

SECOND NOTICE

This account is past due. Please remit payment today. If payment has been made, please disregard this notice.

J MAP4450 Fl. Pink 3" x 1" 250/BOX*

FRIENDLY REMINDER

Please check your records. We have not received your payment and a check would be appreciated.

J MAP4440 Fl. Pink 3" x 1" 250/BOX*

FINAL NOTICE

Your payment must be received within 10 days
OR IMMEDIATE ACTION WILL BE TAKEN

J MAP4460 Fl. Red 3" x 1" 250/BOX*

FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once the account will be turned over for collection.

QH MAP4740 Fl. Red
3-1/4" x 1-3/4" 250/BOX *

CAUTION:

Your account is now 90 days PAST DUE.

Pay now and avoid collection action.

QH MAP4840 Fl. Red
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once your account will be referred to the credit bureau and collection service.

QH MAP4820 Fl. Red
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE

If we do not receive your payment by _____ we will be forced to turn your account over for collection.

QL MAP1580 Fl. Red
3-1/4" x 1-3/4" 250/BOX*

FINAL NOTICE

If we do not hear from you within 10 days, this account will be turned over to our collection agency.

QH MAP4790 Fl. Red
3-1/4" x 1-3/4" 250/BOX *

PLEASE CONTACT OUR OFFICE REGARDING YOUR OVERDUE BALANCE.

We'd like to work with you to develop a reasonable payment plan and help you keep your account in good standing. Thank you for your cooperation in this matter.

We look forward to hearing from you.

QH MAP4800 Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

COMMUNICATION IS IMPORTANT

We haven't received payment on your account, and we haven't heard from you regarding this balance.

PLEASE REMIT TODAY

Or further action will be necessary!

QH MAP4810 Fl. Orange
3-1/4" x 1-3/4" 250/BOX *

We accept VISA and MasterCard. If you wish to pay your account with your credit card, please complete the following lines:

Acct. No. _____
Exp. Date _____ VISA MasterCard
Signature _____

QL MAP2500 Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

ATTENTION:

Your account is now 60 days PAST DUE.

Please send all back payments today.

QH MAP4850 Fl. Pink
3-1/4" x 1-3/4" 250/BOX *

PAST DUE

- Your insurance has paid its share.
- Don't jeopardize your credit.
- Please remit TODAY!

QH MAP4170 Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE

Every courtesy has been extended regarding payment of this long overdue account. Unless it is paid immediately your account will be turned over for collection.

QH MAP5840 Fl. Red
3-1/4" x 1-3/4" 250/BOX*

We will accept VISA, MasterCard and Discover. If you wish to pay your account with your credit card, please complete the following:

VISA MasterCard Discover
Acct. No. []
Exp. Date [] [] [] [] Amt. [] [] [] [] [] []
Signature _____

QH MAP4620 Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX*

YOUR ACCOUNT IS PAST DUE.

We would appreciate your payment today!

DH MAP4480 Fl. Red
1-1/2" x 7/8" 250/BOX

PAST DUE

Please remit TODAY!

DL MAP1350 Fl. Red
1-1/2" x 7/8" 250/BOX

COLLECTION

DL MAP1070 Fl. Red
1-1/2" x 7/8" 250/BOX

ACCOUNT PLACED FOR COLLECTION

DH MAP3040 Fl. Red
1-1/2" x 7/8" 250/BOX

ACCOUNT SERIOUSLY OVERDUE

Remit payment in full to prevent collections

DL MAP1400 Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE!

DH MAP4770 Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once the account will be turned over for collection.

DH MAP1360 Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE

If we do not hear from you within 10 days, this account will be turned over to our collection agency.

DL MAP2030 Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once the account will be referred to the credit bureau and collection service.

DH MAP4760 Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE

Payment must be received in order for future appointments to be made.

DL MAP1490 Fl. Red
1-1/2" x 7/8" 250/BOX

THIS BALANCE MAY BE TRANSFERRED TO YOUR



JUST CALL US

E A1033 Fl. Red
1-7/8" x 3/4" 500/BOX

Please Remit....

This statement is for the amount payable directly by you.

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL

C A1027 Fl. Red
1-7/8" x 3/4" 500/BOX

Past Due

PLEASE REMIT TODAY

C A1029 Fl. Red
1-7/8" x 3/4" 500/BOX

FINAL NOTICE 10 DAYS

C A1026 Fl. Red
1-7/8" x 3/4" 500/BOX

ACTUAL SIZE
FINAL NOTICE
• This is the last statement that will be sent to you
• Remit payment in full TODAY!
• We accept VISA & MASTERCARD
QH MAP4830 Fl. Red 3-1/4" x 1-3/4" 250/BOX

For your convenience, you may transfer this balance to your credit card account. To pay with your credit card, please complete the information below:

VISA MasterCard Discover American Express
Acct. No. _____ Exp. Date _____
Amount _____ Signature _____

QL MAP2350 Fl. Orange
3-1/4" x 1-3/4" 250/BOX *

URGENT NOTICE!

Previous bills have been sent to you for the above charges. The balance is seriously past due. Immediate payment must be made. If we do not hear from you within 15 days, we will assume you purposely ignored this notice and we will send this account for further collection procedures.

QH MAP4780 Fl. Red
3-1/4" x 1-3/4" 250/BOX *



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
A1000	HIPAA	HIPAA ACKNOWLEDGE	F ORANGE / BLACK	2-1/4 X 7/8	420	\$15.00
A1001	HIPAA	PHI RESTRICTIONS	BLUE / BLACK	2-1/4 X 7/8	420	\$15.00
A1002	HIPAA	HIPAA SIGNATURE	F CHART / BLACK	2-1/4 X 7/8	420	\$15.00
A1003	HIPAA	AUTHORIZATIONS REVOK	F PINK / BLACK	2-1/4 X 7/8	420	\$15.00
A1004	HIPAA	AUTHORIZATIONS ON FILE	F RED / BLACK	2-1/4 X 7/8	420	\$15.00
A1005	HIPAA	SIGNED ACKNOWLEDGE	BLUE/WHITEITE	2 X 1	500	\$11.00
A1006	HIPAA	DO NOT RELEASE	RED / BLACK	2 X 1	500	\$11.00
A1007	HIPAA	CONFIDENTIAL FOR PERS	RED / BLACK	2 X 1	500	\$11.00
A1008	HIPAA	HIPAA PRIVACY ALERTS	F GREEN / BLACK	4 x 2-1/2	100	\$9.00
A1009	HIPAA	PRIVACY RESTRICTIONS	F ORANGE / BLACK	4 X 2 1/2	100	\$9.00
A1010	HIPAA	HIPPA COMPLIANT	WHITEITE/RED	1-1/2 X 1	250	\$7.00
A1011	HIPAA	CONFIDENTIAL PROTECTE	RED / BLACK	5-1/2 x 1	100	\$11.00
A1012	CHART	PREMEDICATE	BLUE / BLACK	3 X 1	250	\$9.00
A1013	HIPAA	CONFIDENTIAL	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
A1014	CHART	DNR	F RED / BLACK	2-1/4 X 7/8	420	\$15.00
A1015	INS	HMO/PPO	WHITEITE/RED	1-5/8 X 7/8	500	\$15.00
A1016	CHART	ADVANCE DIRECTIVE	YELLOW/BLK	2-1/2 X 2-1/2	390	\$19.00
A1017	CHART	CHART THINNE	F GREEN / BLACK	2-1/4 X 7/8	420	\$15.00
A1018	CHART	CHART REQUIRES	F GREEN / BLACK	2-1/4 X 7/8	420	\$15.00
A1019	HIPAA	CONFIDENTIAL FOR AUTH	WHITEITE/RED	6-1/2 X 1	100	\$12.00
A1020	HIPAA	PATIENT RECORD	WHITEITE/GREEN	6-1/2 X 1	100	\$12.00
A1021	CHART	DIABETIC	RED/WHITEITE	1-1/2 X 7/8	250	\$7.00
A1022	ALLERGY	ALLERGIC TO:	WHITEITE / BLACK	1-1/2 X 7/8	250	\$7.00
A1023	INS	NO REFERRAL NEEDED	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
A1024	INS CLAIM	ATTENTION: OFFICE STAFF	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
A1025	INS CLAIM	CO-PAY	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1026	BILL & CO	FINAL NOTICE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1027	BILL & CO	PLEASE REMIT...	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1029	BILL & CO	PAST DUE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1030	INS PRO	BLUE SHIELD	L BLUE / BLACK	1-1/2 X 7/8	500	\$13.00
A1031	ALLERGY	MEDICAL ALERT	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1032	CHART	PREMEDICATE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1033	BILL & CO	THIS BALANCE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1034	CHART	NO EPINEPHRINE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1035	INS	INSURANCE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1036	INS PRO	MEDICARE	F RED / BLACK	1-7/8 X 3/4	500	\$11.00
A1038	INS	HMO	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
A1039	ALLERGY	ALLERGIC TO:	F PINK / BLACK	5-1/2 x 1	240	\$15.00
ARD1000	ALLERGY	ALLERGIC TO:	WHITE/RED	1-1/2 X 7/8	500	\$12.00
ARD1550	ALLERGY	ALLERGIC TO:	F CHART / BLACK	3-1/4 X 1-3/4	500	\$18.00
ARD1630	ALLERGY	ALLERGIES	F RED / BLACK	3-1/4 X 1-3/4	500	\$11.00
MAP 112	INS	PPO	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 113	INS PRO	MEDICARE	F ORANGE / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 119	INS	INSURANCE	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 120	INS PRO	MEDICAID	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 121	INS	WORKERS' COMP	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 122	INS CLAIM	CO-PAY	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 123	INS	SELF PAY	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 124	INS PRO	SECONDARY INSURANCE	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 126	INS PRO	AUTO	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 127	INS PRO	BC/BS	BLUE / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 128	INS PRO	AETNA	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 129	INS	PRIOR APPROVAL	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 161	INS	REFERRAL NEEDED	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 164	ALLERGY	MEDICAL ALERT	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 167	ALLERGY	ALLERGIC	WHITE/RED	6-1/2 X 1	100	\$11.00
MAP 186	CHART	SMOKER	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 187	CHART	HEART CONDITION	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 191	INS	HMO	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 199	CHART	DECEASED	F ORANGE / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 226	CHART	DIABETIC	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 227	CHART	LIVING WILL	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 228	CHART	COUMADIN PATIENT	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 229	CHART	PACEMAKER	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 251	HIPAA	CONF / FOR AUTHORIZED	RED / WHITE	6.5 X 1	100	\$12.00
MAP 252	HIPAA	PATIENT RECORD CONFID	GREEN/WHITE	6.5 X1	100	\$12.00
MAP 253	HIPAA	CONF (FOR AUTH)	RED / WHITE	4 X 2-1/2	100	\$10.00
MAP 254	HIPAA	CONF / FOR AUTHORIZED	RED / WHITE	2 X 2	500	\$12.00
MAP 255	HIPAA	PATIENT RECORD CONFID	GREEN/WHITE	2 X 2	500	\$12.00
MAP 256	HIPAA	PATIENT RECORD CONFID	GREEN/WHITE	4 X 2-1/2	100	\$10.00
MAP 286	INS	NO INSURANCE	F GREEN / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 293	INS PRO	MEDIGAP	F RED / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 302	CHART	CAPITATION	BLUE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 305	BILL & CO	COLLECTION AGENCY	F CHART / BLACK	1-1/4 X 5/16	500	\$12.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP 306	BILL & CO	WRITTEN OFF TO BAD	F ORANGE / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 326	ALLERGY	ALLERGIC TO:	F RED / BLACK	2-1/2 X 3/4	300	\$9.00
MAP 327	ALLERGY	ALLERGIES/DRUG REACT	F RED / BLACK	4 X 2-1/2	100	\$10.00
MAP 343	CHART	STAT	F RED / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 344	CHART	PREMEDICATE	F PINK / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 345	ALERT	NAME ALERT	F CHART / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 346	CHART	ADVANCE DIRECTIVE	F ORANGE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 347	CHART	HYPERTENSION	F CHART / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 348	ALERT	ATTENTION	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 436	BILL & CO	THANK YOU FOR PAYMENT	F PINK / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 437	BILL & CO	SMALL BALANCE DUE	L BLUE / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 439	BILL & CO	FULL AMOUNT DUE	F CHART / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 486	ALLERGY	ALLERGIES	F RED / BLACK	4 X 2-1/2	100	\$10.00
MAP 488	ALLERGY	ALLERGIC TO:	F RED / BLACK	4 X 2-1/2	100	\$10.00
MAP 496	ALLERGY	ALLERGIC TO:	F ORANGE / BLACK	2-1/2 X 3/4	300	\$9.00
MAP 497	ALLERGY	ALLERGIC TO:	F PINK / BLACK	2-1/2 X 3/4	300	\$9.00
MAP 498	ALLERGY	ALLERGIC TO:	WHITEITE/RED	2-1/2 X 3/4	300	\$9.00
MAP 499	ALLERGY	ALLERGIC TO PEN	F ORANGE / BLACK	2-1/2 X 3/4	300	\$10.00
MAP 506	ALLERGY	NO KNOWN ALLERGIES	BLUE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 507	ALLERGY	ALLERGIC TO PEN	F RED / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 511	CHART	RH NEGATIVE	F PINK / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 536	INS PRO	BLUE CROSS	BLUE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 537	INS PRO	BLUE SHIELD	BLUE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 538	INS	SIGNATURE ON FILE	F GREEN / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 539	INS PRO	MEDI-CAL	F RED / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 540	INS	HMO	F ORANGE / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 541	INS	CASH ONLY	F RED / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 542	INS PRO	PRIVATE	F GREEN / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 543	INS	PERSONAL INJURY	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 544	INS	MUST PAY EACH VISIT	F PINK / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 546	INS PRO	CIGNA	F CHART / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 547	INS	REFERRAL ATTACHED	F GREEN / BLACK	1-1/4 X 5/16	500	\$11.00
MAP 610	CHART	HEPATITIS	F GREEN / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 625	INS	PRECERT	F PINK / BLACK	1-1/4 X 5/16	500	\$12.00
MAP 687	HIPAA	DO NOT RELEASE	RED / WHITE	2-1/2 X 3/4	300	\$10.00
MAP1000	ALLERGY	ALLERGIC TO:	WHITEITE/RED	1-1/2 X 7/8	250	\$6.00
MAP1010	ALERT	ATTENTION	WHITEITE/RED	1-1/2 X 7/8	250	\$6.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP1030	INS	HMO	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1040	INS	HMO/PPO	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1050	ALERT	NAME ALERT	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1070	BILL & CO	COLLECTION	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1080	BILL & CO	BAD DEBT	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1100	INS	INSURANCE	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1110	INS	INSURANCE PROVIDER	WHITEITE/RED	1-1/2 X 7/8	250	\$6.00
MAP1150	INS CLAIM	OUR ORIGINAL CLAIM	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1160	INS PRO	MEDICARE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1170	INS	REFERRAL NEEDED	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1180	ALERT	NAME ALERT	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1300	INS PRO	MANAGED CARE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1310	INS CLAIM	ATTENTION: OFFICE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1320	INS	SELF PAY	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1330	INS	PPO	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1340	INS PRO	MEDICAID	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1350	BILL & CO	PAST DUE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1360	BILL & CO	FINAL NOTICE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1380	BILL & CO	ACCOUNT OVERDUE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1400	BILL & CO	ACCOUNT SERIOUSLY	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1430	INS PRO	CIGNA	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1440	INS CLAIM	THIS IS NOT A DUPLICATE	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1450	INS CLAIM	SECOND SUBMISSION	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1460	INS CLAIM	CORRECTIVE CLAIM	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1470	INS CLAIM	RESUBMITTED CLAIM	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1480	INS CLAIM	PRIMARY EOB ATTACHED	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1490	BILL & CO	FINAL NOTICE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1510	ALLERGY	NO KNOWN ALLERGIES	BLUE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1540	CHART	CHART INACTIVATED	WHITEITE/BLK	3-1/4 X 1-3/4	250	\$9.00
MAP1550	ALLERGY	ALLERGIC TO:	F CHART / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP1560	INS PAT	WE HAVE NOT BEEN PAID	F CHART / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP1570	INS	INSURANCE	F RED / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP1580	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP1590	CHART	COUMADIN PATIENT	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1600	ALLERGY	MEDICAL ALERT	WHITEITE/RED	1-1/2 X 7/8	250	\$6.00
MAP1620	INS	HMO	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1630	ALLERGY	ALLERGIES	F RED / BLACK	3-1/4 X 1-3/4	250	\$9.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP1650	INS PRO	BC/BS	BLUE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1660	CHART	NOTE	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP1690	INS	WORKERS' COMP	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1700	INS	INSURANCE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1720	ALERT	RH NEGATIVE	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP1730	ALLERGY	ALLERGIES/DRUG REACT	F PINK / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP1750	INS PRO	AETNA	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1840	INS	NO REFERRAL NEEDED	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP1890	ALERT	PNEUMOVAX	WHITE/BLK	1-1/2 X 7/8	250	\$6.00
MAP1900	ALERT	FLU VACCINE	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2000	HIPAA	CONFIDENTIAL	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2010	CHART	DNR	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2020	BILL & CO	IF YOU ARE UNABLE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2030	BILL & CO	FINAL NOTICE	F RED / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2050	INS PAT	THIS AMOUNT IS	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2060	INS PAT	PLEASE HELP	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2070	INS PAT	NO PAYMENT HAS BEEN	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2080	INS PAT	YOUR INSURANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2100	INS PAT	YOUR INSURANCE	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2120	INS PAT	YOUR INSURANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2140	INS PAT	THIS BALANCE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2160	BILL & CO	PLEASE CALL	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2170	BILL & CO	SECOND NOTICE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2180	BILL & CO	COLLECTION AGENCY	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2200	INS PAT	YOUR INSURANCE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2220	CHART	PRIMARY CARE	F CHART / BLACK	3 x 1	250	\$9.00
MAP2240	ALLERGY	DRUG ALLERGY:	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP2250	INS	REMINDER	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2310	INS PRO	HUMANA	F GREEN / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2320	INS PRO	UNITED HEALTHCARE	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2330	INS	REFERRAL EXPIRES:	F ORANGE / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2350	BILL & CO	FOR YOUR CONVENIENCE	F ORANGE / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP2360	CHART	PATIENT INFORMED	F PINK / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP2380	INS	MEDICARE	F CHART / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2430	CHART	TETANUS	F PINK / BLACK	1-1/2 X 7/8	250	\$6.00
MAP2440	CHART	LIVING WILL	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP2450	CHART	REFERRAL	WHITE/BLK	3-1/4 X 1-3/4	250	\$9.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP2480	CHART	SEE HEALTH	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP2490	CHART	PREMEDICATE	WHITE/RED	1-1/2 X 7/8	250	\$6.00
MAP2500	BILL & CO	WE ACCEPT VISA	F CHART / BLACK	3-1/4 X 1-3/4	250	\$9.00
MAP2650	INS CLAIM	DOCUMENTATION	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2660	INS CLAIM	SUBMITTING FOR	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2670	INS CLAIM	RESUBMISSION	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2680	INS CLAIM	RESUBMISSION	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2690	INS CLAIM	MEDICARE EOB ATTACHED	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2700	INS CLAIM	INSURANCE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2710	INS CLAIM	SECOND CLAIM SUBMISSION	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2720	INS CLAIM	DOCUMENTATION	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2750	INS CLAIM	BE ADVISED	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2760	INS CLAIM	TRACER	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2770	INS CLAIM	UNLESS THIS CLAIM	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2780	INS CLAIM	DOCUMENTATION	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2830	INS	INSURANCE	F PINK / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP2840	INS	INSURANCE	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2850	INS	INSURANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2870	INS	NO INSURANCE	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2880	INS	INSURANCE	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2890	INS CLAIM	CO-PAY	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2900	INS PRO	BLUE CROSS	BLUE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2910	INS PRO	MEDICARE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2920	INS PRO	MEDIGAP	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2940	INS	MEDICARE & MORE	F CHART / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP2950	INS	INSURANCE	F ORANGE / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP2960	INS	INSURANCE VERIFIED	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2970	INS PRO	PRIVATE	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2980	CHART	CAPITATION	BLUE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP2990	INS PRO	AETNA US	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3040	BILL & CO	ACCOUNT PLACED FOR	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3080	INS PRO	MEDICARE	F ORANGE / BLACK	3 x 1	250	\$9.00
MAP3090	INS PRO	MEDICAID	F PINK / BLACK	3 x 1	250	\$9.00
MAP3100	ALERT	NAME ALERT	WHITE/BLUE	3-1/4 X 1-3/4	250	\$10.00
MAP3110	ALERT	NAME ALERT	WHITE/BLUE	3 x 1	250	\$9.00
MAP3120	CHART	DIABETIC	F RED / BLACK	3 x 1	250	\$9.00
MAP3140	INS	INSURANCE	F ORANGE / BLACK	3 x 1	250	\$9.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP3150	INS CLAIM	CO-PAY	WHITE/BLUE	3-1/4 X 1-3/4	250	\$11.00
MAP3160	INS CLAIM	CO-PAY	WHITE/BLUE	3 x 1	250	\$9.00
MAP3220	ALLERGY	ALLERGIES	F RED / BLACK	2 X 2	250	\$7.00
MAP3230	ALLERGY	ALLERGIES/DRUG REACT	F RED / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP3240	ALLERGY	ALLERGIC TO	F RED / BLACK	3 x 1	250	\$9.00
MAP3250	ALLERGY	ALLERGIES	F RED / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP3280	ALLERGY	ALLERGIES	WHITE/BLUE	3-1/4 X 1-3/4	250	\$10.00
MAP3290	ALLERGY	ALLERGIC TO	WHITE/RED	3 x 1	250	\$9.00
MAP3300	ALLERGY	ALLERGIC TO:	WHITE/RED	3-1/4 X 1-3/4	250	\$10.00
MAP3310	ALERT	ALERT	WHITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP3320	ALLERGY	ALLERGIC TO:	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3330	ALLERGY	ALLERGIC TO:	WHITE/RED	2 X 2	250	\$7.00
MAP3340	ALERT	ALERT	WHITE/RED	2 X 2	250	\$7.00
MAP3350	ALLERGY	ALLERGIC TO:	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3360	ALLERGY	ALLERGIC:	WHITE/RED	3 x 1	250	\$9.00
MAP3370	ALLERGY	ALLERGIC TO:	WHITE/BLUE	1-1/2 X 7/8	250	\$7.00
MAP3380	ALLERGY	ALLERGIC TO PEN	RED/WHITE	1-1/2 X 7/8	250	\$7.00
MAP3390	ALLERGY	ALLERGIC TO:	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3400	ALLERGY	ALERTS	F CHART / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP3410	ALERT	NAME ALERT	F CHART / BLACK	3-1/4 X 1-3/4	250	\$10.00
MAP3420	ALLERGY	MEDICAL ALERT	WHITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP3500	CHART	ADVANCE DIRECTIVE	F ORANGE / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP3510	CHART	URINALYSIS	WHITE/BLK	3-1/4 X 1-3/4	250	\$11.00
MAP3520	ALERT	ASTHMA	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3530	CHART	DIABETIC	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3540	ALERT	SPANISH	BLUE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3550	ALERT	MINOR	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3560	CHART	DECEASED	BLUE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3570	CHART	HEALTH HISTORY	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3580	CHART	ON ANTI-COAG	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3590	CHART	WEIGHT- BP	F CHART / BLACK	3 x 1	250	\$9.00
MAP3600	CHART	MEDICAL HISTORY	F CHART / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP3690	INS PAT	YOUR INSURANCE	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3710	INS PAT	PLEASE LET US KNOW	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3720	INS PAT	YOUR BALANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3730	INS PAT	THIS STATEMENT	BLUE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3750	INS PAT	INSURANCE PENDING	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP3850	INS PAT	STATEMENT REFLECTS	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP3960	BILL & CO	IN THE FUTURE	F PINK / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4060	INS PAT	BALANCE DUE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4090	INS PAT	INSURANCE PAYMENT	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4100	INS PAT	YOUR INSURANCE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4110	INS PAT	THESE SERVICES	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4170	BILL & CO	PAST DUE	F CHART / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4180	INS PAT	PATIENT RESPONSIBILITY	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4190	INS PAT	YOUR BALANCE	F CHART / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4200	INS PAT	YOUR INSURANCE	F PINK / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4210	BILL & CO	THANK YOU	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4220	BILL & CO	JUST A FRIENDLY	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4250	BILL & CO	FRIENDLY REMINDER	F ORANGE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4280	BILL & CO	PLEASE...	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4300	BILL & CO	THANK YOU	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4440	BILL & CO	FRIENDLY REMINDER	F PINK / BLACK	3 x 1	250	\$9.00
MAP4450	BILL & CO	SECOND NOTICE	F PINK / BLACK	3 x 1	250	\$9.00
MAP4460	BILL & CO	FINAL NOTICE	F RED / BLACK	3 x 1	250	\$9.00
MAP4470	INS PAT	YOUR INSURANCE	F ORANGE / BLACK	3 x 1	250	\$9.00
MAP4480	BILL & CO	YOUR ACCOUNT	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4490	BILL & CO	THIS BALANCE	F RED / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4500	BILL & CO	PLEASE NOTE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4620	BILL & CO	WE WILL ACCEPT	F CHART / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4630	BILL & CO	THIS BALANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4650	BILL & CO	THIS BALANCE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4660	BILL & CO	WE ACCEPT VISA	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4670	BILL & CO	TO PAY WITH YOUR	F ORANGE / BLACK	3 x 1	250	\$8.00
MAP4680	BILL & CO	TO PAY WITH YOUR	F CHART / BLACK	3 x 1	250	\$8.00
MAP4710	BILL & CO	AMOUNT DUE	F CHART / BLACK	1-1/2 X 7/8	250	\$7.00
MAP4740	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4760	BILL & CO	FINAL NOTICE	F RED / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4770	BILL & CO	FINAL NOTICE	F RED / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4780	BILL & CO	URGENT NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4790	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4800	BILL & CO	PLEASE CONTACT	F CHART / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4810	BILL & CO	COMMUNICATION	F ORANGE / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4820	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP4830	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4840	BILL & CO	CAUTION:	F ORANGE / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4850	BILL & CO	ATTENTION:	F PINK / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4870	ALLERGY	ALLERGIES/DRUG REACT	F RED / BLACK	2 X 2	250	\$7.00
MAP4890	ALLERGY	ALLERGIC TO: PEN	F RED / BLACK	2 X 2	250	\$7.00
MAP4900	ALLERGY	ALLERGIC TO: PEN	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP4910	ALLERGY	ALLERGIC TO:	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4920	ALLERGY	ALLERGIC TO: CODEINE	F ORANGE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4930	ALLERGY	ALLERGY ALERT	F RED / BLACK	1-1/2 X 7/8	250	\$8.00
MAP4940	ALLERGY	ALLERGIC TO	F ORANGE / BLACK	3 x 1	250	\$9.00
MAP4950	ALLERGY	ALLERGIC TO	F PINK / BLACK	3 x 1	250	\$9.00
MAP5010	ALERT	PREGNANT	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5020	CHART	HYPERTENSION	WHITEITE/RED	1-1/2 X 7/8	250	\$8.00
MAP5030	ALERT	MISSED APPOINT	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5140	ALLERGY	MEDICATION ALLERGY	WHITEITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP5150	ALERT	NAME ALERT	WHITEITE/BLUE	3-1/4 X 1-3/4	250	\$11.00
MAP5160	ALLERGY	DRUG SENSITIVITY	WHITEITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP5180	ALLERGY	MEDICAL ALERT	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP5190	INS	INSURANCE PROVIDER	WHITEITE/BLUE	3-1/4 X 1-3/4	250	\$11.00
MAP5200	ALERT	ATTENTION	WHITEITE/GREEN	3-1/4 X 1-3/4	250	\$11.00
MAP5210	INS	INSURANCE	F PINK / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP5220	CHART	COUMADIN PATIENT	F CHART / BLACK	3 x 1	250	\$9.00
MAP5240	INS PRO	MEDICAID	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5260	INS PRO	MEDICARE/HMO	BLUE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5280	INS PRO	MEDICARE AND INSURANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5290	INS	REFERRED BY:	F ORANGE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5300	INS	HMO	F ORANGE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5310	INS	WORKERS' COMP	F GREEN / BLACK	1-1/2 X 7/8	250	\$7.00
MAP5320	INS PRO	BLUE SHIELD	L BLUE / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5330	INS PRO	MANAGED CARE	F GREEN / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5340	INS	REFERRING PHYSICIAN	F PINK / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5350	INS	PRECERTIFICATION	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5480	INS PRO	AUTO	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5490	INS	PREAUTHORIZATION	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5500	INS	PRIOR APPROVAL	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5520	INS PAT	YOUR INSURANCE	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
MAP5640	INS PAT	OUR RECORDS SHOW	L BLUE / BLACK	1-1/2 X 7/8	250	\$8.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
MAP5790	BILL & CO	WE ACCEPT MAJOR	F CHART / BLACK	3 X 1	250	\$9.00
MAP5800	BILL & CO	IF YOU ARE UNABLE	F GREEN / BLACK	3 x 1	250	\$9.00
MAP5810	BILL & CO	FINAL NOTICE	F ORANGE / BLACK	3 x 1	250	\$9.00
MAP5820	BILL & CO	THIS BALANCE	F GREEN / BLACK	3 x 1	250	\$9.00
MAP5840	BILL & CO	FINAL NOTICE	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP6260	ALLERGY	ALLERGIC TO LATEX	RED/WHITEITE	1-1/2 X 7/8	250	\$7.00
MAP6270	ALLERGY	MEDICAL ALERT	WHITEITE/RED	3 x 1	250	\$9.00
MAP6410	INS CLAIM	CO-PAY	F RED / BLACK	3-1/4 X 1-3/4	250	\$11.00
MAP6420	INS	INSURANCE	F PINK / BLACK	3 x 1	250	\$9.00
MAP6430	ALLERGY	ALLERGIC TO:	WHITEITE/RED	3 x 1	250	\$9.00
MAP6440	ALLERGY	ALLERGIC TO:	WHITEITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP6450	INS	HMO	F RED / BLACK	3 x 1	250	\$9.00
MAP6460	INS CLAIM	CO-PAY	F RED / BLACK	3 x 1	250	\$9.00
MAP6470	ALERT	NAME ALERT	F. CHART / BLACK	3 x 1	250	\$9.00
MAP6480	ALLERGY	NO KNOWN ALLERGIES	BLUE / BLACK	3 x 1	250	\$9.00
MAP6860	HIPAA	THE PRIVACY AND SECUR	F CHART / BLACK	1-1/2 x 7/8	250	\$8.00
MAP6880	HIPAA	AUTHOR ON FILE	WHITEITE/RED	3-1/4 X 1-3/4	250	\$11.00
MAP7058	INS CLAIM	PRIMARY EOB	F ORANGE / BLACK	1-1/2 X 7/8	250	\$7.00
MAP7060	INS CLAIM	CORRECTIVE CLAIM	F CHART / BLACK	1-1/2 X 7/8	250	\$8.00
ML701	ALLERGY	ALLERGIC:	WHITEITE / BLACK/RED	5-1/2 X 1-3/8	200	\$12.00
SS16	ALLERGY	ALLERGIC TO:	F RED / BLACK	1-7/8 X 3/4	500	\$12.00
SS41	INS CLAIM	UNLESS THIS CLAIM	F RED / BLACK	1-7/8 X 3/4	500	\$12.00
UL004	INS	PPO	WHITEITE/RED	1-5/8 X 7/8	500	\$15.00
UL006	INS	HMO	WHITEITE/RED	1-5/8 X 7/8	500	\$15.00
UL007	INS	INSURANCE	F CHART / BLACK	1-5/8 X 7/8	500	\$15.00
UL019	ALLERGY	ALLERGIC	F RED / BLACK	1-5/8 X 7/8	500	\$15.00
UL027	INS	CASH ONLY	F RED / BLACK	1-1/2 X 7/8	500	\$13.00
UL1420	HIPAA	DO NOT DESTROY	F RED / BLACK	3 x 1	250	\$9.00
UL180	ALLERGY	ALLERGIC TO:	F RED / BLACK	1-5/8 X 7/8	500	\$15.00
UL188	ALLERGY	MEDICAL ALERT	F RED / BLACK	1-5/8 X 7/8	500	\$15.00
UL308	INS CLAIM	CO-PAY	F PINK / BLACK	1-1/4 X 5/16	500	\$13.00
UL325	INS	HMO/PPO	WHITEITE/RED	1-1/4 X 5/16	500	\$13.00
UL365	CHART	ADVANCE DIRECTIVE	F GREEN / BLACK	1-1/4 X 5/16	500	\$13.00
UL366	ALERT	NAME ALERT	F RED / BLACK	1-1/4 X 5/16	500	\$13.00
UL368	CHART	DECEASED	F RED / BLACK	1-1/4 X 5/16	500	\$13.00
UL439	ALLERGY	ALLERGIC TO:	F RED / BLACK	1-1/4 X 5/16	500	\$11.00
UL502	CHART	DIABETIC	F PINK / BLACK	2-1/4 X 7/8	420	\$15.00



Stock Number	Label Category	Description	Color	Label Size	Label Per Roll	Price Each
UL588	CHART	ADVANCE DIRECTIVE	F GREEN / BLACK	2-1/4 X 7/8	420	\$15.00
UL590	CHART	LIVING WILL	F ORANGE / BLACK	2-1/4 X 7/8	420	\$15.00
UL806	HIPAA	ORGINIAL PLEASE RETURN	F GREEN / BLACK	2-1/4 X 7/8	420	\$15.00
UL808	ALLERGY	ALLERGIC TO:	F RED / BLACK	2-1/4 X 7/8	420	\$15.00
UL809	ALLERGY	ALLERGIC TO PEN	F RED / BLACK	2-1/4 X 7/8	420	\$15.00
UL810	ALLERGY	NO KNOWN ALLERGIES	WHITEITE/RED	2-1/4 X 7/8	420	\$15.00
UL851	CHART	ADVANCE DIRECTIVE	F GREEN / BLACK	2-1/2 X 2-1/2	390	\$19.00
UL926	ALLERGY	ALLERGIES	F RED / BLACK	2-1/2 X 2-1/2	390	\$19.00
UL927	ALLERGY	ALLERGIC	WHITEITE/RED	5-1/2 X 1	175	\$15.00