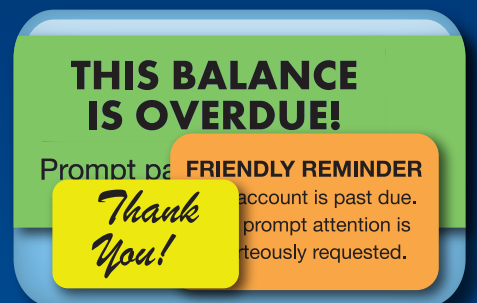
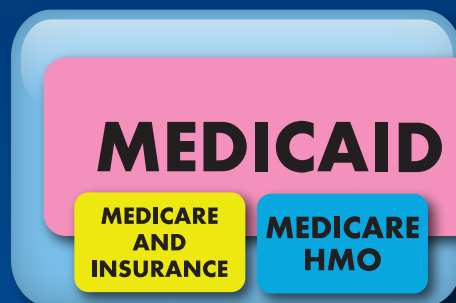
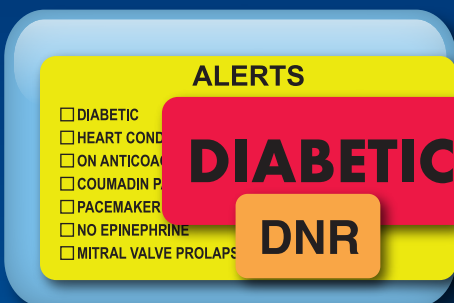
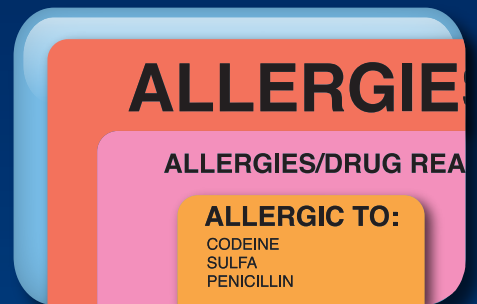
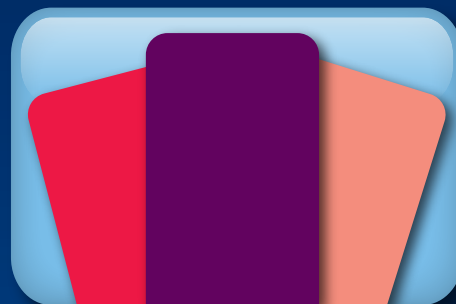


COLOR CODED LABELS

IN STOCK FOR ALL YOUR FILING NEEDS



ALLERGIC TO:

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

ALLERGIC TO:

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

DRUG ALLERGY:

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

ALLERGIC TO PENICILLIN

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

ALLERGIC TO LATEX

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

NO KNOWN ALLERGIES

MAP1510 250/Box
Lt. Blue/Black 1-1/2" x 7/8"

Allergic To:

Drug Latex
 Food Other

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

Allergic To:

Drug Latex
 Food Other

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

ALLERGIC TO:

CODEINE
 SULFA
 PENICILLIN

MAP4920 250/Box
Fl. Orange/Bk 1-1/2" x 7/8"

ALLERGIC TO:

MAP3320 250/Box
Fl. Orange/Bk 1-1/2" x 7/8"

ALLERGIC TO:

MAP3350 250/Box
Fl. Pink/Bk 1-1/2" x 7/8"

ALLERGIC TO:

MAP4910 250/Box
Fl. Chart/Bk 1-1/2" x 7/8"

ALLERGIC TO:

MAP3390 250/Box
Fl. Red/Bk 1-1/2" x 7/8"

ALLERGY ALERT

MAP4930 250/Box
Fl. Red/Bk 1-1/2" x 7/8"

ALLERGIES

Latex Penicillin
 Dye Codeine
 Tape Sulfa
 Other Erythromycin
 No Known Allergies

ARD1323 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

ALLERGIC TO PENICILLIN

UL809 Fl. Red/Bk
420/Box 2-1/4" x 7/8"

ALLERGIC

UL019 Fl. Red/Bk
500/Box 1-5/8" x 7/8"

ALLERGIC TO:

UL439 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

ALLERGIC TO:

UL808 Fl. Red/Bk
420/Box 2-1/4" x 7/8"

ALLERGIC TO:

UL180 Fl. Red/Bk
500/Box 1-5/8" x 7/8"

ALLERGIC TO PENICILLIN

MAP507 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

NO KNOWN ALLERGIES

MAP506 Lt. Blue/Bk
500/Box 1-1/4" x 5/16"

NO KNOWN ALLERGIES

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

ALLERGIC TO:

SS16 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

ALLERGIC TO:

MAP326 300/Box Fl. Red/Bk 2-1/2" x 3/4"

ALLERGIC TO:

MAP496 300/Box Fl. Org/Bk 2-1/2" x 3/4"

ALLERGIC TO:

MAP497 300/Box Fl. Pink/Bk 2-1/2" x 3/4"

ALLERGIC TO:

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

ALLERGIC TO: PENICILLIN

MAP499 300/Box Fl. Org/Bk 2-1/2" x 3/4"

ALLERGIC TO:

MAP3240 250/Box Fl. Red/Bk 3" x 1"

ALLERGIC TO:

MAP4940 250/Box Fl. Orange/Bk 3" x 1"

ALLERGIC TO:

MAP4950 250/Box Fl. Pink/Bk 3" x 1"

NO KNOWN ALLERGIES

MAP6480 250/Box Lt. Blue/Bk 3" x 1"

ALLERGIC TO:

MAP3290 250/Box White/Red 3" x 1"

ALLERGIC: _____

MAP3360 250/Box White/Red 3" x 1"

ALLERGIC TO:

ALLERGY

MAP6430 250/Box White/Red 3" x 1"

ALLERGIES

MAP1630 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"
ARD1630 500/Box Fl. Red/Bk 3-1/4" x 1-3/4"

ALLERGIC TO:

A1039 240/Box Fl. Pink/Bk 5-1/2" x 1"

ALLERGIC: _____

UL927 175/Box White/Red 5-1/2" x 1"

ALLERGIC TO:

PENICILLIN

CODEINE

SULFA

MAP1550 250/Box Fl. Chart./Bk 3-1/4" x 1-3/4"
ARD1550 500/Box Fl. Chart./Bk 3-1/4" x 1-3/4"

ALLERGIC: _____

ML701 200/Box White/Bk/Red 5-1/2" x 1-3/8"

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

MAP1730 250/Box Fl. Pink/Bk 3-1/4" x 1-3/4"

ALLERGIC TO:

PENICILLIN

CODEINE

SULFA

MAP4900 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

MAP3230 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

ALLERGIES

LATEX

DYE

TAPE

OTHER

NO KNOWN ALLERGIES

PENICILLIN

CODEINE

SULFA

ERYTHROMYCIN

MAP3250 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

ALLERGY

ALLERGIC TO:

MAP3300 250/Box White/Red 3-1/4" x 1-3/4"

ALLERGIC TO:

ALLERGY

MAP6440 250/Box White/Red 3-1/4" x 1-3/4"

DRUG SENSITIVITY

MAP5160 250/Box White/Red 3-1/4" x 1-3/4"

MEDICATION ALLERGY

MAP5140 250/Box White/Red 3-1/4" x 1-3/4"

ALLERGIES


Drug _____

Food _____


Latex _____

Other _____

MAP3280 250/Box White/Blue 3-1/4" x 1-3/4"

 **ALLERGIES**

MAP486 100/Box Fl. Red/Bk 4" x 2-1/2"

 **ALLERGIES/DRUG REACTIONS**

NO KNOWN ALLERGIES


MAP327 100/Box Fl. Red/Bk 4" x 2-1/2"

ALLERGIC TO:

PENICILLIN

CODEINE

SULFA



MAP488 100/Box Fl. Red/Bk 4" x 2-1/2"

ALLERGY

allergic, allergies, drug, reactions, sensitivity, medication, codeine, sulfa, allergy

ALLERGIES

UL926 Fl. Red/Bk
390/Box 2-1/2" x 2-1/2"

ALLERGIES

MAP3220 Fl. Red/Bk
250/Box 2" x 2"

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

MAP4870 Fl. Red/Bk
250/Box 2" x 2"

ALLERGIC TO:

PENICILLIN

CODEINE

SULFA

MAP4890 Fl. Red/Bk
250/Box 2" x 2"

ALLERGIC TO:

MAP3330 White/Red
250/Box 2" x 2"

ALLERGIC TO LATEX

SY-1715 Red/White
252/Pack 2" x 1"

ALLERGIC

MAP167 100/Box White/Red 6-1/2" x 1"

ALLERGIC _____

SIDA 200/Roll Red/Bk 5-3/8" x 1-3/8"

ALLERGIC _____

Name: _____ Date: _____ Initial: _____

SIDAS 200/Roll Red/Bk 5-3/8" x 1-3/8"

NO KNOWN ALLERGIES

DATE _____

SIGNATURE _____

SIDNKA 200/Roll Rd/Wt 5-3/8" x 1-3/8"

MEDICAL ALERT

UL188 Fl. Red/Bk
500/Box 1-5/8" x 7/8"

NAME ALERT

Birthdate _____

MAP1180 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

MEDICAL ALERT

A1031 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

MEDICAL ALERT

MEDICAL ALERT

MAP6270 250/Box White/Red 3" x 1"

MEDICAL ALERT:

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

ATTENTION:

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

Attention!

SY-4510 White/Red
252/Pack 2" x 1"

NAME ALERT

Date of Birth _____

NAME ALERT

MAP3110 250/Box White/Blue 3" x 1"

ALERT

ALERT

MAP3340 White/Red
250/Box 2" x 2"

NAME ALERT

Two patients with same name

MAP1050 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

NAME ALERT

More than one patient with same name

SY-1338 Fl. Yellow/Bk
252/Pack 2" x 1"

NAME ALERT

Two patients with same name

NAME ALERT

MAP6470 250/Box Fl. Chart./Bk 3" x 1"

MEDICAL ALERT

ARD9391 100/Box White/Red 6-1/2" x 1"

MEDICAL ALERT

MAP164 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

ATTENTION

MAP348 Fl. Chart./Bk
500/Box 1-1/4" x 5/16"

NAME ALERT

UL366 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

NAME ALERT

MAP345 Fl. Chart./Bk
500/Box 1-1/4" x 5/16"

MEDICAL ALERT

MAP3420
250/Box

White /Red
3-1/4" x 1-3/4"

**A
L
E
R
T** **ALERT**

MAP3310
250/Box

White /Red
3-1/4" x 1-3/4"

ATTENTION **ATTENTION**

MAP5200
250/Box

White/Green
3-1/4" x 1-3/4"

NAME ALERT
TWO PATIENTS WITH THE SAME NAME
Date of Birth _____
NAME ALERT

MAP3100
250/Box

White /Blue
3-1/4" x 1-3/4"

NAME ALERT
Date of Birth _____
Two Patients with Same Name

MAP5150
250/Box

White/Blue
3-1/4" x 1-3/4"

MEDICAL ALERT

MAP5180
250/Box

Fl. Red/Bk
3-1/4" x 1-3/4"

NAME ALERT
D.O.B. _____

MAP3410
250/Box

Fl. Chartreuse/Bk
3-1/4" x 1-3/4"

ALERTS
 DIABETIC
 HEART CONDITION
 ON ANTICOAGULANTS
 COUMADIN PATIENT
 PACEMAKER
 NO EPINEPHRINE
 MITRAL VALVE PROLAPSE
 NAME ALERT
 IMPLANTS
 PREMEDICATE
 HEARING IMPAIRED
 ADVANCE DIRECTIVE
 OTHER

MAP3400
250/Box

Fl. Chartreuse/Bk
3-1/4" x 1-3/4"

ALERTS
Premedication _____
Allergies _____
Other _____

ARD9790
250/Box

Fl. Red/Bk
3-1/4" x 1-3/4"

DNR

A1014
420/Box

Fl. Red/Bk
2-1/4" x 7/8"

ADVANCE DIRECTIVES
____ DO NOT RESUSCITATE
____ DURABLE POWER OF ATTORNEY FOR HEALTHCARE
____ LIVING WILL
____ HEALTHCARE PROXY

A1016 Fl. Yellow/Bk
390/Box 2-1/2" x 2-1/2"

ADVANCE DIRECTIVE

UL365 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

ADVANCE DIRECTIVE

MAP346 Fl. Org/Bk
500/Box 1-1/4" x 5/16"

LIVING WILL

MAP227 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

ADVANCE DIRECTIVE
Living Will _____
Health Care Proxy _____
Durable Power of Attorney for Health Care _____
Other _____

MAP3500
250/Box

Fl. Org/Bk
3-1/4" x 1-3/4"

ADVANCE DIRECTIVE
____ Yes ____ No
Signature _____ Date _____

UL588
420/Box

Fl. Green/Bk
2-1/4" x 7/8"

ADVANCE DIRECTIVE
Living Will _____
Health Care Proxy _____
Durable Power of Attorney for Health Care _____
Other _____

UL851 Fl. Green/Bk
390/Box 2-1/2" x 2-1/2"

DNR

MAP2010 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

LIVING WILL

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

LIVING WILL ON FILE

UL590
420/Box

Fl. Org/Bk
2-1/4" x 7/8"

ALERT

ADVANCED DIRECTIVE

SMOKER

MAP186 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

HEPATITIS

MAP610 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

Rh NEGATIVE

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

PNEUMOVAX
Date _____
Initial _____

MAP1890 White/Bk
250/Box 1-1/2" x 7/8"

FLU VACCINE
Date _____

MAP1900 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

HEART CONDITION

MAP187 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

STAT

ARD2070 Fl. Org/Bk
500/Box 1-1/4" x 5/16"

DECEASED

MAP199 Fl. Org/Bk
500/Box 1-1/4" x 5/16"

DECEASED

UL368 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

Spanish is preferred by the patient

MINOR

PREGNANT

DIABETIC

MAP226 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

PREMEDICATE

MAP344 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

MAP3540 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

MAP3550 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

MAP5010 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

COUMADIN PATIENT

MAP228 Fl. Chart/Bk
500/Box 1-1/4" x 5/16"

HYPERTENSION

MAP347 Fl. Chart/Bk
500/Box 1-1/4" x 5/16"

DIABETIC

COUMADIN PATIENT

NOTE:

PACEMAKER

MAP229 Fl. Chart/Bk
500/Box 1-1/4" x 5/16"

Rh NEGATIVE

MAP511 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

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

MAP1590 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

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

CAPITATION

MAP302 Lt. Blue/Bk
500/Box 1-1/4" x 5/16"

STAT

MAP343 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

TETANUS
Date _____
Initial _____

ON ANTI-COAGULANTS

SEE HEALTH HISTORY

DIABETIC

MAP3120 250/Box Red/Bk 3" x 1"

CAPITATION

MAP2980 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

DIABETIC

MAP3530 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

DECEASED
Date _____

MAP3560 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

Weight	BP	Temp	Pulse

MAP3590 250/Box Fl. Chart/Bk 3" x 1"

ASTHMA

MAP3520 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

MISSED APPOINTMENT
On _____

MAP5030 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

ON MEDICATION

ARD4420 Fl. Pink/Bk
500/Box 1-1/2" x 7/8"

PREMEDICATE

A1012 250/Box Lt. Blue/Bk 3" x 1"

HYPERTENSION

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

PREMEDICATE

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

HEALTH HISTORY UPDATE

MAP3570 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

PRIMARY CARE PHYSICIAN:
Dr. _____

MAP2220 250/Box Fl. Chart/Bk 3" x 1"

HEART CONDITION

ARD1328 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

SURGERY TODAY

ARD3723 Fl. Orange/Bk
500/Box 1-1/2" x 7/8"

HEPATITIS PRECAUTIONS

ARD1329 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

COUMADIN PATIENT

COUMADIN PATIENT

MAP5220 250/Box Fl. Chart/Bk 3" x 1"

DIABETIC

UL502 420/Box Fl. Pink/Bk 2-1/4" x 7/8"

CHART THINNED ON BY

A1017 420/Box Fl. Green/Bk 2-1/4" x 7/8"

CHART REQUIRES THINNING

A1018 420/Box Fl. Green/Bk 2-1/4" x 7/8"

Primary Care Physician
Dr. _____
Phone _____

ARD6989 500/Box Lt. Blue/Bk 3" x 1"

PREMEDICATE

ARD9393 100/Box White/Red 6-1/2" x 1"

CHART INACTIVATED

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

MAP1540 250/Box White/Bk 3-1/4" x 1-3/4"

Referral# _____ Expires _____ #Visits _____
Diagnosis _____

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

MAP2450 250/Box White/Bk 3-1/4" x 1-3/4"

URINALYSIS Date _____

Name _____ DOB _____

Glucose _____ pH _____

Bili _____ Protein _____

Ketone _____ Urobili _____

Sp. Gr. _____ Nitrate _____

Blood _____ Leuko _____

MAP3510 250/Box White/Bk 3-1/4" x 1-3/4"

PATIENT INFORMED OF RESULTS

Date _____ By _____

Comments _____

MAP2360 250/Box Fl. Pink/Bk 3-1/4" x 1-3/4"

MEDICAL HISTORY UPDATE

MAP3600 250/Box Fl. Chart/Bk 3-1/4" x 1-3/4"

CANCELLED APPOINTMENT

ON

UL158 500/Box Fl. Green/Bk 1-5/8" x 7/8"

HYPERTENSION

SY-1335 252/Pack Red/White 2" x 1"

DIABETES

SY-1366 252/Pack Red/White 2" x 1"

PREMEDICATE

A1032 500/Box Fl. Red/Bk 1-7/8" x 3/4"

X-RAY COPIES DO NOT RETURN

UL807 420/Box Fl. Chart./Bk 2-1/4" x 7/8"

Doctor: note

SY-4505 252/Pack Purple/White 2" x 1"

COUMADIN PATIENT

SY-1717 252/Pack Red/White 2" x 1"

NO EPINEPHRINE

A1034 500/Box Fl. Red/Bk 1-7/8" x 3/4"

ORIGINAL PLEASE RETURN

UL806 420/Box Fl. Green/Bk 2-1/4" x 7/8"

Do Not Destroy

Minor Patient

Minor Patient

Do Not Destroy

UL925 500/Roll Fl. Red/Bk 1-7/8" x 1-7/8"

Do Not Destroy

Minor Patient

Minor Patient

Do Not Destroy

XDND-MP 500/Box Red/Wt./Bl. 1-7/8" x 1-7/8"

Do Not Destroy

PEDIATRIC

PEDIATRIC

Do Not Destroy

XDND-PED 500/Box Red/Wt./Bl. 1-7/8" x 1-7/8"

PEDIATRICS

ARD1001 250/Box Lt. Blue/Bk 1-1/2" x 7/8"

PEDIATRICS

ARD1002 250/Box Fl. Pink/Bk 1-1/2" x 7/8"

CONFIDENTIAL

A1013 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

CONFIDENTIAL

MAP2000 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

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

MAP6860 Fl. Chart/Bk
250/Box 1-1/2" x 7/8"

Do Not Release PATIENT RECORD

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

Signed Acknowledgement of Notice of Privacy Practices on File

A1005 Blue/White
500/Box 2" x 1"

DO NOT RELEASE

A1006 Red/Bk
500/Box 2" x 1"

CONFIDENTIAL For Authorized Personnel

A1007 Red/Bk
500/Box 2" x 1"

HIPAA ACKNOWLEDGEMENTS ON FILE

A1000 Fl. Orange/Bk
420/Box 2-1/4" x 7/8"

HIPAA COMPLAINT

A1010 White/Red
250/Box 1-1/2" x 1"

PRIVACY POLICY Acknowledgment On File

ARD3222 Fl. Chart/Bk
250/Box 1-1/2" x 7/8"

HIPAA

ARD3829 Red/Bk
250/Box 1-1/2" x 7/8"

PHI RESTRICTIONS ON FILE

A1001 Lt. Blue/Bk
420/Box 2-1/4" x 7/8"

AUTHORIZATION REQUIRED

UL005 Fl. Pink/Bk
500/Box 1-5/8" x 7/8"

CONFIDENTIAL Authorized Personnel Only

SY-1731 Blue/White/Red
252/Pack 2" x 1"

Privacy Policy Acknowledgment On File

SY-1728 White/Blue
252/Pack 2" x 1"

HIPAA SIGNATURE ON FILE

A1002 Fl. Chart/Bk
420/Box 2-1/4" x 7/8"

CONFIDENTIAL For Authorized Personnel Only

MAP254 Red/White
500/Box 2" x 2"

Patient Record Confidential

MAP255 Green/White
500/Box 2" x 2"

PRIVACY RESTRICTIONS

MAP711 Fl. Red/Bk
500/Box 2-1/2" x 2-1/2"

AUTHORIZATIONS REVOKED

A1003 Fl. Pink/Bk
420/Box 2-1/4" x 7/8"

AUTHORIZATIONS ON FILE

A1004 Fl. Red/Bk
420/Box 2-1/4" x 7/8"

CONFIDENTIAL For Authorized Personnel Only

MAP251 100/Box Red/White 6-1/2" x 1"

ORIGINAL PLEASE RETURN

UL806 Fl. Green/Bk
420/Box 2-1/4" x 7/8"

Patient Record Confidential

MAP252 100/Box Green/White 6-1/2" x 1"

DO NOT DESTROY DO NOT DESTROY

UL1420 Fl. Red/Bk
250/Box 3" x 1"

CONFIDENTIAL
For Authorized Personnel Only

A1019 100/Box White/Red 6-1/2" x 1"

Confidential: PROTECTED HEALTH INFORMATION
Authorized Personnel Only

A1011 100/Box Red/White 5-1/2" x 1"

Patient Record Confidential

A1020 100/Box White/Green 6-1/2" x 1"

PRIVACY RESTRICTIONS: _____

MAP712 175/Box White/Red 5-1/2" x 1"

Patient Record Confidential

ARD3901 100/Box Red/White 6-1/2" x 1"

HIPAA

ARD3828 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

HIPAA Requirements

Privacy Notice: **By:** **Date:**

Given to patient _____

Acknowledgement received _____

Authorization/Other:

Disclosure authorization on file _____

Restriction Request on file _____

Other _____

MAP7130 250/Box White/Red 4" x 2-1/2"

HIPAA Requirements

Privacy Policy **By:**

Given to Patient _____

Signed Acknowledgment Received _____

Disclosure Authorization on File:

Disclosure Authorization on File _____

Restriction Request on File _____

Other _____

ARD3224 500/Box White/Red 3-1/4" x 1-3/4"

CONFIDENTIAL
For Authorized Personnel Only

MAP253 100/Box Red/White 4" x 2-1/2"

HIPAA PRIVACY ALERTS

_____ Acknowledgement of NPP on file
(date)

_____ Restrictions on file
(date)

_____ Confidential communications on file
(date)

_____ Amendments on file
(date)

A1008 100/Box Fl. Green/Bk 4" x 2-1/2"

AUTHORIZATIONS ON FILE

APPROVED BY

DATE

MAP6880 250/Box Wt/Rd 3-1/4" x 1-3/4"

Patient Record Confidential

MAP256 100/Box Green/White 4" x 2-1/2"

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

A1009 100/Box Fl. Orange/Bk 4" x 2-1/2"

Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name _____
(Please Print)

Signature _____

Birthdate _____

Date _____

(Vers. M15FW03) #38210 ©2003 Medical Arts Press® 1-800-328-2179

ARD3821 500/Box Bk/Wt 3-1/4" x 1-3/4"

NO REFERRAL NEEDED

A1023 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

SIGNATURE ON FILE

MAP538 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

PPO

MAP112 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

HMO
Do you have authorization?

MAP540 Fl. Org/Bk
500/Box 1-1/4" x 5/16"

INSURANCE

MAP119 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

CASH ONLY

MAP541 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

WORKERS' COMP.

MAP121 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

PERSONAL INJURY

MAP543 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

SELF PAY

MAP123 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

MUST PAY EACH VISIT

MAP544 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

PRIOR APPROVAL REQUIRED

MAP129 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

REFERRAL ATTACHED

MAP547 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

REFERRAL NEEDED

MAP161 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

PRECERT# _____
DATE _____

MAP625 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

HMO

MAP191 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

HMO/PPO

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

NO INSURANCE

MAP286 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

HMO

A1038 Fl. Chart/Bk
250/Box 1-1/2" x 7/8"

HMO

MAP1030 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

HMO/PPO

MAP1040 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

INSURANCE PROVIDER:

REFERRAL NEEDED

SELF PAY

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

MAP1170 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

MAP1320 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

HMO

WORKERS' COMP.

INSURANCE

MAP1620 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

MAP1690 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

MAP1700 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

REMINDER
Patient needs referrals from primary physician

REFERRAL EXPIRES:

Medicare BC/BS
 Medicaid HMO
 Self Pay PPO

MAP2250 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

MAP2330 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

MAP2380 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

INSURANCE YR. _____
PRIMARY _____
SECONDARY _____

NO INSURANCE

INSURANCE

MAP2850 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

MAP2870 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

MAP2880 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

INSURANCE

MAP3140 250/Box Fl. Orange/Bk 3" x 1"

REFERRED BY:

Date _____

HMO
Must obtain prior authorization

WORKER'S COMP.

INSURANCE

MAP6420 250/Box Fl. Pink/Bk 3" x 1"

PRECERTIFICATION REQUIRED

MAP5290 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

PREAUTHORIZATION REQUIRED

MAP5300 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

PRIOR APPROVAL REQUIRED

MAP5310 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

HMO

MAP6450 250/Box Fl. Red/Bk 3" x 1"

MAP5350 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

MAP5490 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

MAP5500 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

Insurance _____
 Lab _____
 Radiologist _____
 Co-Pay _____

MAP1100 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

NO REFERRAL NEEDED

MAP1840 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

INSURANCE VERIFIED
 Date _____
 Date _____
 Date _____

MAP2960 Fl. Chart./Bk
 250/Box 1-1/2" x 7/8"

CASH ONLY

UL027 Fl. Red/Bk
 500/Box 1-1/2" x 7/8"

PPO

MAP1330 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

INSURANCE

MAP2840 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

REFERRING PHYSICIAN

MAP5340 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

INSURANCE

A1035 Fl. Red/Bk
 500/Box 1-7/8" x 3/4"

HMO / PPO

A1015 White/Red
 500/Box 1-5/8" x 7/8"

PPO

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

HMO

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

INSURANCE

UL007 Fl. Chart./Bk
 500/Box 1-5/8" x 7/8"

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

MAP2950 250/Box Fl. Orange/Bk 3-1/4" x 1-3/4"

INSURANCE

MAP1570 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

INSURANCE PROVIDER

INSURANCE PROVIDER

MAP5190 250/Box Blue/White 3-1/4" x 1-3/4"

INSURANCE

MAP2830 250/Box Fl. Pink/Bk 3-1/4" x 1-3/4"

INSURANCE

INSURANCE

MAP5210 250/Box Fl. Pink/Bk 3-1/4" x 1-3/4"

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

MAP2940 250/Box Fl. Chart./Bk 3-1/4" x 1-3/4"

INSURANCE

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

A1024 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

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.

MAP1150 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

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

MAP1310 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

CO-PAY
MAP122 Fl. Red/Bk
 500/Box 1-1/4" x 5/16"

CO-PAY
UL308 Fl. Pink/Bk
 500/Box 1-1/4" x 5/16"

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

MAP1440 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

-SECOND SUBMISSION-
 ORIGINAL CLAIM WAS SENT
 ON: _____

MAP1450 Fl. Chart./Bk
 250/Box 1-1/2" x 7/8"

CORRECTIVE CLAIM

MAP1460 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

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

A1025 Fl. Red/Bk
 500/Box 1-7/8" x 3/4"

RESUBMITTED CLAIM

MAP1470 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

PRIMARY EOB ATTACHED

MAP1480 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

DOCUMENTATION ATTACHED DO NOT SEPARATE FROM CLAIM

MAP2650 Fl. Green/Bk
 250/Box 1-1/2" x 7/8"

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

SS41 Fl. Red/Bk
 500/Box 1-7/8" x 3/4"

Submitting for secondary coverage.
SEE ATTACHED PLEASE

MAP2660 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

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

MAP2670 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

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.

MAP2680 Fl. Chart./Bk
 250/Box 1-1/2" x 7/8"

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

MAP3160 250/Box White/Blue 3" x 1"

MEDICARE EOB ATTACHED

MAP2690 Fl. Orange/Bk
 250/Box 1-1/2" x 7/8"

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

MAP2700 Fl. Orange/Bk
 250/Box 1-1/2" x 7/8"

SECOND CLAIM SUBMISSION
 Please Process Promptly

MAP2710 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

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

MAP6460 250/Box Fl. Red/Bk 3" x 1"

DOCUMENTATION ATTACHED

MAP2720 Fl. Pink/Bk
 250/Box 1-1/2" x 7/8"

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

MAP2750 Fl. Chart./Bk
 250/Box 1-1/2" x 7/8"

TRACER
 PREVIOUSLY SUBMITTED CLAIM

MAP2760 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

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

MAP3150 250/Box White/Blue 3-1/4" x 1-3/4"

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: _____

MAP2770 Fl. Red/Bk
 250/Box 1-1/2" x 7/8"

Documentation to support medical necessity is attached

MAP2780 Fl. Orange/Bk
 250/Box 1-1/2" x 7/8"

CO-PAY

MAP2890 Fl. Orange/Bk
 250/Box 1-1/2" x 7/8"

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

MAP6410 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

Primary EOB Attached
 Medicare EOB Attached

MAP7058 Fl. Orange/Bk
 250/Box 1-1/2" x 7/8"

Corrective Claim
 Resubmitted Claim

MAP7060 Fl. Chart./Bk
 250/Box 1-1/2" x 7/8"

This amount is your co-pay.

Please pay at time of service in the future.

MAP2050 Fl. Orange/Bk 250/Box 1-1/2" x 7/8"

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.

MAP2060 Fl. Green/Bk 250/Box 1-1/2" x 7/8"

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

This amount is now due and payable by you.

MAP2070 Fl. Pink/Bk 250/Box 1-1/2" x 7/8"

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 schedule.

MAP1560 250/Box Fl. Chart/Bk 3-1/4" x 1-3/4"

In order to process your claim
YOUR INSURANCE COMPANY NEEDS INFORMATION

Please contact them or send us payment in full immediately

MAP2100 Fl. Green/Bk 250/Box 1-1/2" x 7/8"

Your Insurance Co. has not paid this claim because:

- Deductible Taken
- Noncovered Service
- Insurance Cancelled
- Requested Information Not Received

Please remit payment in full.

MAP2120 Fl. Chart./Bk 250/Box 1-1/2" x 7/8"

THIS BALANCE IS YOUR INSURANCE CO-PAY.

PLEASE PAY IN FULL.

MAP2140 Fl. Pink/Bk 250/Box 1-1/2" x 7/8"

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

MAP4180 250/Box Fl. Red/Bk 3-1/4" x 1-3/4"

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.
This statement is for the amount payable directly by you.

MAP3690 Fl. Red/Bk 250/Box 1-1/2" x 7/8"

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

MAP3710 Fl. Green/Bk 250/Box 1-1/2" x 7/8"

YOUR BALANCE DUE TO:

- Your Deductible
- Non-Covered Services
- Co-Pay

\$ _____

MAP3720 Fl. Chart./Bk 250/Box 1-1/2" x 7/8"

Your balance after Medicare paid is due to:

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

You owe \$ _____

Thank You!

INSURANCE PENDING
\$ _____
AMOUNT DUE NOW
\$ _____

MAP3750 Fl. Orange/Bk 250/Box 1-1/2" x 7/8"

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

MAP3850 Fl. Red/Bk 250/Box 1-1/2" x 7/8"

BALANCE DUE IS NOT COVERED BY INSURANCE

Please remit payment.

MAP4060 Fl. Chart./Bk 250/Box 1-1/2" x 7/8"

MAP4190 250/Box Fl. Chart./Bk 3-1/4" x 1-3/4"

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

MAP4100 Fl. Orange/Bk 250/Box 1-1/2" x 7/8"

THESE SERVICES ARE NOT COVERED BY YOUR INSURANCE

MAP4110 Fl. Green/Bk 250/Box 1-1/2" x 7/8"

YOUR INSURANCE CARRIER HAS RECEIVED A COPY OF THIS BILL.

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

MAP5520 Fl. Chart./Bk 250/Box 1-1/2" x 7/8"

YOUR INSURANCE COMPANY has paid its share of your bill.

This statement is for the amount payable directly by you.

MAP4200 250/Box Fl. Pink/Bk 3-1/4" x 1-3/4"

Your insurance company states this balance is your responsibility.

Please remit today!

MAP2080 Fl. Chart./Bk 250/Box 1-1/2" x 7/8"

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

MAP2200 Fl. Orange/Bk 250/Box 1-1/2" x 7/8"

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

MAP3730 Lt. Blue/Bk 250/Box 1-1/2" x 7/8"

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.

This statement is for the amount payable directly by you.

MAP4470 250/Box Fl. Orange/Bk 3" x 1"

Insurance payment OVERDUE
Please check with your carrier

MAP4090 Fl. Orange/Bk 250/Box 1-1/2" x 7/8"

OUR RECORDS SHOW THAT YOU DO NOT HAVE INSURANCE.

If there are any changes please contact the office.

MAP5640 Lt. Blue/Bk 250/Box 1-1/2" x 7/8"

Your insurance covered all but the amount shown on this statement.

This is the deductible portion of your policy.

SY-1798 Red/Blue/Wt 252/Pack 2" x 1"

This statement is for your information.
Your insurance claim has been billed.

SY-1756 Red/Bk 252/Pack 2" x 1"

Your Insurance covered all but the amount shown on the statement. May we please have your remittance by return mail.

SY-1771 Green/White 252/Pack 2" x 1"

BLUE SHIELD

A1030 Lt. Blue/Bk
500/Box 1-1/2" x 7/8"

MEDICARE

MAP1160 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

MANAGED CARE
PRIOR APPROVAL
REQUIRED
CO-PAY \$ _____

MAP1300 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

MEDICARE

MAP113 Fl. Org/Bk
500/Box 1-1/4" x 5/16"

MEDICAID

MAP120 Fl. Pink/Bk
500/Box 1-1/4" x 5/16"

**SECONDARY
INSURANCE**

MAP124 Fl. Chart./Bk
500/Box 1-1/4" x 5/16"

AUTO

MAP126 Fl. Chart./Bk
500/Box 1-1/4" x 5/16"

MEDICAID

MAP1340 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

CIGNA

MAP1430 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

BC/BS

MAP1650 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

BC/BS

MAP127 Lt. Blue/Bk
500/Box 1-1/4" x 5/16"

AETNA

MAP128 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

MEDIGAP

MAP293 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

BLUE CROSS

MAP536 Lt. Blue/Bk
500/Box 1-1/4" x 5/16"

AETNA

MAP1750 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

HUMANA

MAP2310 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

**UNITED
HEALTHCARE**

MAP2320 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

BLUE SHIELD

MAP537 Lt. Blue/Bk
500/Box 1-1/4" x 5/16"

MEDI-CAL

MAP539 Fl. Red/Bk
500/Box 1-1/4" x 5/16"

PRIVATE

MAP542 Fl. Green/Bk
500/Box 1-1/4" x 5/16"

CIGNA

MAP546 Fl. Chart./Bk
500/Box 1-1/4" x 5/16"

BLUE CROSS

MAP2900 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

MEDICARE

MAP2910 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

MEDIGAP

MAP2920 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

MEDICARE

A1036
500/Box

Fl. Red/Bk
1-7/8" x 3/4"

PRIVATE

MAP2970 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

**AETNA
US HEALTHCARE**

MAP2990 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

MEDICAID

MAP5240 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

MEDICARE

MAP3080 250/Box Fl. Orange/Bk 3" x 1"

**MEDICARE
HMO**

MAP5260 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

**MEDICARE
AND
INSURANCE**

MAP5280 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

BLUE SHIELD

MAP5320 Lt. Blue/Bk
250/Box 1-1/2" x 7/8"

MEDICAID

MAP3090 250/Box Fl. Pink/Bk 3" x 1"

**MANAGED
CARE**

MAP5330 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

AUTO

MAP5480 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

COLLECTION

MAP1070 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

BAD DEBT

MAP1080 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

PAST DUE
Please remit TODAY!

MAP1350 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

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

MAP4500 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

AMOUNT DUE
\$ _____

MAP4710 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

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.


MAP1360 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

ACCOUNT OVERDUE!
Please remit payment in full or call for a payment plan.

MAP1380 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

ACCOUNT SERIOUSLY OVERDUE
Remit payment in full to prevent collections

MAP1400 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

THIS BALANCE MAY BE TRANSFERRED TO YOUR

JUST CALL US

MAP4630 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

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

MAP4660 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

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


MAP1490 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

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

MAP2020 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

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

MAP2030 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

This balance may be transferred to your

Just call us!

MAP4650 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

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.

MAP4760 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

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

MAP2160 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

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

MAP2170 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

COLLECTION AGENCY
DATE _____

MAP2180 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

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

MAP4210 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

FINAL NOTICE 10 DAYS

A1026 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

ACCOUNT PLACED FOR COLLECTION

MAP3040 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

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

MAP3960 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

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

MAP4280 Fl. Pink/Bk
250/Box 1-1/2" x 7/8"

THIS BALANCE IS OVERDUE!
Prompt payment will avoid collection procedures.

MAP4490 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

Please Remit....
This statement is for the amount payable directly by you.
YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL

A1027 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

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

MAP4220 Fl. Green/Bk
250/Box 1-1/2" x 7/8"

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

MAP4250 Fl. Orange/Bk
250/Box 1-1/2" x 7/8"

FINAL NOTICE!

MAP4770 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

YOUR ACCOUNT IS PAST DUE.
We would appreciate your payment today!

MAP4480 Fl. Red/Bk
250/Box 1-1/2" x 7/8"

Past Due
PLEASE REMIT TODAY

A1029 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

THIS BALANCE MAY BE TRANSFERRED TO YOUR

JUST CALL US

A1033 Fl. Red/Bk
500/Box 1-7/8" x 3/4"

ATTENTION:
Your account is 60 days PAST DUE. Please send all back payments today.

SY-1332 Red/White
252/Pack 2" x 1"

PAST DUE
We Would Appreciate Your Payment **TODAY!**

SY-1735 Red/Bk/White
252/Pack 2" x 1"

MAY WE HELP YOU?
We are willing to make arrangements for regular payments to clear up this balance. Please call or stop in today.

SY-1773 Green/White
252/Pack 2" x 1"

Thank You!

MAP4300 Fl. Chart./Bk
250/Box 1-1/2" x 7/8"

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

MAP4440 250/Box Fl. Pink/Bk 3" x 1"

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

MAP4450 250/Box Fl. Pink/Bk 3" x 1"

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

MAP4460 250/Box Fl. Red/Bk 3" x 1"

ARDEN SPINE ID LABELS

Ring Binder Style Patient Chart Spine ID Labels are great to quickly identify charts. Generous writing area and special adhesive allows labels to peel-off clean with no sticky residue, yet are very secure for every application. Available in 22 different colors.

Color	Printed	Blank	Color	Printed	Blank	Color	Printed	Blank	Color	Printed	Blank
White	DRWHT1	DRWHT2	Salmon	DR1781	DR1782	Purple	DR5271	DR5272	Turquoise	DR3251	DR3252
Brown	DR4651	DR4652	Red	DR1851	DR1852	Grey	DR4291	DR4292	Green	DRGRN1	DRGRN2
Gold	DR1171	DR1172	Pink	DR1961	DR1962	Light Blue	DR2901	DR2902	Mint Green	DR3451	DR3452
Tan	DR1411	DR1412	Rose	DR2181	DR2182	Blue	DR2981	DR2982f	Lime	DR3671	DR3672
Orange	DR1371	DR1372	Lavender	DR2561	DR2562	Aqua	DR3171	DR3172	Chartreuse	DR3901	DR3902
									Peach	DR1621	DR1622
									Yellow	DRYEL 1	DRYEL 2



ARDEN
Spine ID Labels
Size: 5-3/8W x 1-3/8H
200/Roll



Turquoise



White



Salmon



Purple



Green



Brown



Red



Grey



Mint Green



Gold



Pink



Light Blue



Lime



Tan



Rose



Blue



Chartreuse



Orange



Lavender



Aqua



Peach



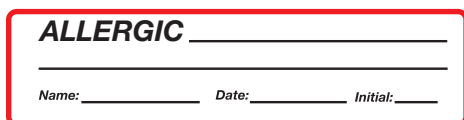
SIDNKA 200/Roll Rd/Wt 5-3/8" x 1-3/8"



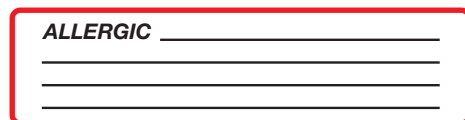
SIDI 200/Roll Red/White 5-3/8" x 1-3/8"



SIDDNR 200/Roll Red/Bk 5-3/8" x 1-3/8"



SIDAS 200/Roll Red/Bk 5-3/8" x 1-3/8"



SIDA 200/Roll Red/Bk 5-3/8" x 1-3/8"



SIDAD 200/Roll Red/Bk 5-3/8" x 1-3/8"

XBLANK

Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

A.P.

XAP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

BB ON NIPPLE

XBB Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

COPIES DO NOT RETURN

XCODNR Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

COPY

XCOPY Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

CROSS-TABLE LAT.

XCROSS Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

CROSS-TABLE

XCROSS2 Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

DECUB

XDECUB Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

DECUBITUS

XDECUBITUS Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

DOWN

XDOWN Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

DUPLICATE

XDUP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

ERECT

XERE Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

EXTENSION

XEXT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

FLEXION

XFLEX Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

LEFT

XLEFT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

LEFT LATERAL

XLL Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

_____ MINUTE(S)

XMIN Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

MOLE MARKER

XMOLE Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

NIPPLE NOT IN PROFILE

XNIP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

OBLIQUE

XOBL Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

POST EVAC

XPOEV Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

PORTABLE

XPORT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

POST VOID

XPOVO Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

Pre-Op

XPREOP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

PRONE

XPRONE Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

RIGHT

XRIGHT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

RIGHT LATERAL

XRL Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

SCOUT

XSCOUT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

SEMI UPRIGHT

XSEMUP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

STAT

XSTAT Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

SUPINE

XSUP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

UPRIGHT

XUP Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

WEIGHT BEARING

XWB Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

WITH CONTRAST

XWC Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

WITHOUT CONTRAST

XWOC Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

WET READING

XWET Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

WITHOUT WEIGHTS

XWOW Rd/Wt/Bk
1,000/Box 1-1/2" x 1/2"

LEFT

XLEFTV
1,000/Box
Rd/Wt/Bk
1-1/2" x 1/2"

XRIGHTV
1,000/Box
Rd/Wt/Bk
1-1/2" x 1/2"

RIGHT

X-RAYS
Handle with Care

SY1787 Lt. Blue/White
252/Pack 2" x 1"

X-RAY COPIES DO NOT RETURN

UL807 Fl. Chart./Bk
420/Box 2-1/4" x 7/8"

Do Not Destroy
Minor Patient
Minor Patient
Do Not Destroy

UL925 Fl. Red/Bk
500/Roll 1-7/8" x 1-7/8"

Do Not Destroy
Mammography
Mammography
Do Not Destroy

XDND-MAM Rd/Wt/Bl
500/Box 1-7/8" x 1-7/8"

Do Not Destroy
Mammography
Mammography
Do Not Destroy

UL967 Fl. Red/Bk
500/Roll 1-7/8" x 1-7/8"

Do Not Destroy
Minor Patient
Minor Patient
Do Not Destroy

XDND-MP Red/Wt./Bl.
500/Box 1-7/8" x 1-7/8"

Do Not Destroy
Do Not Destroy
Do Not Destroy

XDND Red/Wt./Bl.
500/Box 1-7/8" x 1-7/8"

Do Not Destroy
PEDIATRIC
PEDIATRIC
Do Not Destroy

XDND-PED Red/Wt./Bl.
500/Box 1-7/8" x 1-7/8"



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