

DAYLE DESIGNS

cms-1500

HIPAA forms

patient receipts

integrated products

hospital menus & diet cards

labels & tags

advertising concepts

checks & forms



HEALTHCARE

professional industry forms

Design and Manufacture of Anything With Ink on It!

www.dayledesigns.biz • dayledesigns@comcast.net
8518 Kimmie St. SW • Olympia, Washington 98512

Phone/Fax **360-352-4051**

**Dayle
Designs**

Table of Contents

Receipts, Phone Books & Medication Envelope.....3
 CMS-15004
 UB-04 (CMS-1450).....5
 Hospital Menus & Diet Cards.....6-7
 Laser Statements8
 Medical Document Jackets & Note Pads9
 HIPAA Forms.....10
 Integrated Products.....11
 Manual Checks.....12
 QuickBooks Checks and Forms13
 Tags & Labels14-15
 Ad Concepts.....16-17
 Custom Receipt Books18-19



Stock or Custom – We can provide the printed Healthcare Solution You Need!

This catalog contains the forms, labels and accessories you need for your practice. In addition to insurance claim forms, HIPAA forms and hospital menus, we can provide statement forms, document jackets and more.

If a stock form is not working or available for your practice, clinic or hospital, we can offer you almost unlimited options in size and construction for designing the form you need.

Do you require stationery, checks, envelopes and business cards? Call for availability and prices.



Stock Form Available Typestyles

Please specify typestyle by I.D. Code. If no typestyle is specified, we'll use TB2 - Helvetica Bold.

- | | |
|--|----------------------------------|
| TA1 Bookman | TF1 Kabel Md |
| TA2 Bookman Bold | TF2 Kabel Md Bold |
| TA3 Bookman Italic | TG1 Galliard |
| TA4 Bookman Bold Italic | TG2 Galliard Bold |
| TB1 Helvetica | TG3 Galliard Italic |
| TB2 Helvetica Bold | TG4 Galliard Bold Italic |
| TB3 Helvetica Italic | TH1 Helvetica Narrow |
| TB4 Helvetica Bold Italic | TH2 Helvetica Narrow Bold |
| TC1 Cloister Black | TJ1 Benguait |
| TD1 Zapf Chancery | TJ2 Benguait Bold |
| <i>TE1 Brush Script</i> | <i>TJ3 Benguait Italic</i> |
| <i>TE2 Brush Script Bold Italic</i> | TJ4 Benguait Bold Italic |



Your satisfaction is guaranteed.

We are proud of the work we do. If we don't do it right, we'll make it right.

Printed July 2007 • NMKBC102

Prices, conditions and specifications are subject to change without notice. Colors of products illustrated are approximations.

Miscellaneous Supplies For a More Efficient Office!

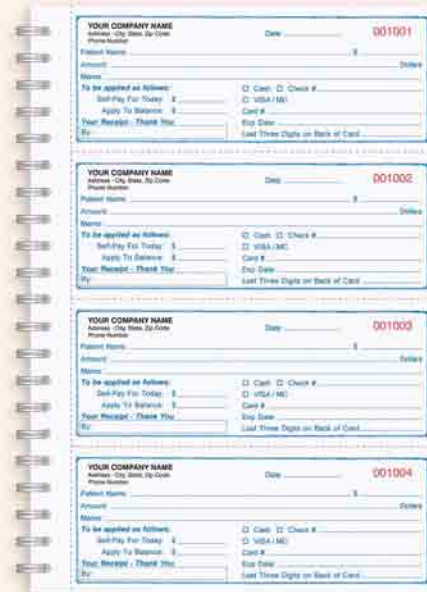
Having forms that fit the application is so important to the efficiency of your office. Our medical receipt forms are designed specifically for the medical industry with spaces for the patient's name and co-pay information. The last part is not perforated to make it easy to retain a permanent record for your files.

Sometimes you want your patient to try a new drug before issuing a prescription. These Pill Envelopes make it possible for you to send a small amount home with them. Gummed flap prevents contents from spilling.

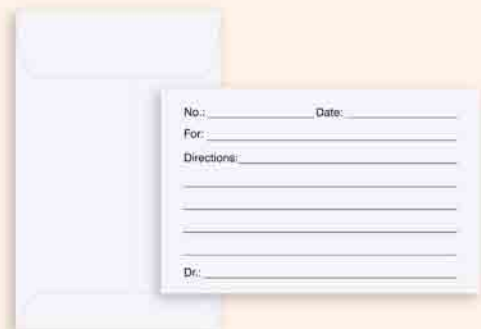
Keep track of phone calls with this generic phone message book. Contains lots of room for caller's message and all the standard check boxes. Part two remains in the book as a permanent record.



B COPA-185
Co-Pay Medical Receipt Book, 11" x 6 1/8"
Receipt size 2 3/4" x 5 1/2"
Imprint area 3/4" x 1 3/4"
200 receipts per book



A MRB-109
Medical Receipt Books, 11" x 7 1/2"
Receipt size 2 3/4" x 6 3/4"
Imprint area 7/16" x 2 1/2"
200 Receipts per book



C PDE-9949 Pill/Drug Envelope
White 24#
Imprint Area 2" x 3"
Size 2 1/4" x 3 1/2"
Gummed flap
Choose format shown or your custom copy



D PM-101
Twin Loop Wire Bound Book
Phone Memo Book
Each message measures 2 3/4" x 5 1/4"
150 Messages per book
Available blank only



New!

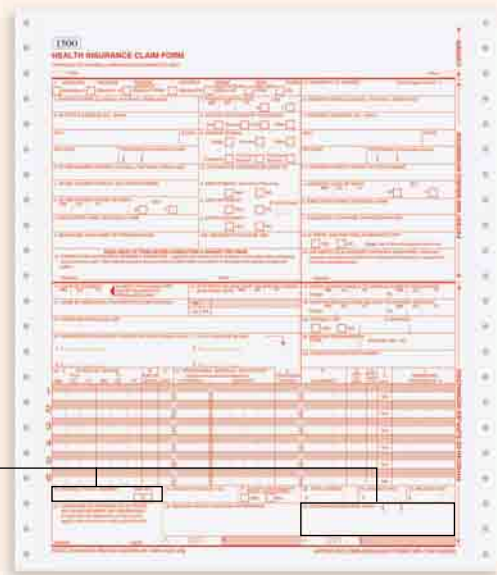
A MCF-387-2 - Snap-A-Part
CMS-1500 Claim Form, 8½" x 11"

B LCMS-1500 - 1 Part Laser
CMS-1500 Claim Form, 8½" x 11"

NEW! Revised CMS-1500 Claim Forms (8/05)

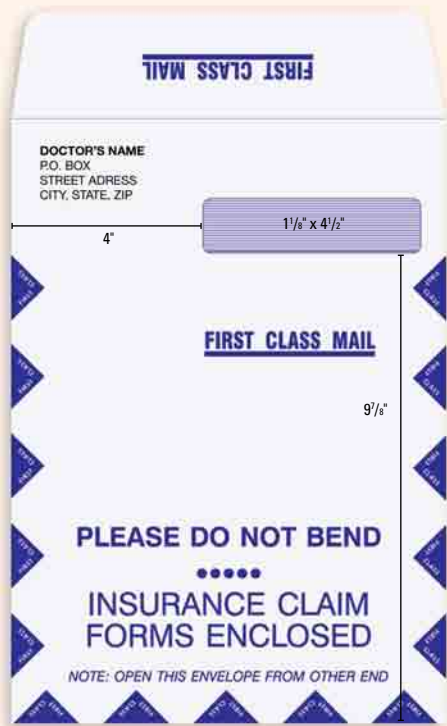
The National Uniform Claim Committee (NUCC) has released a revised CMS-1500 Insurance Claim Form. The revised form contains a space to accommodate the NPI (National Provider Identifier) number. These forms are authorized by the centers for Medicare and Medicaid Services to meet all insurance claim requirements.

Depending on the number of claim forms you mail, you can choose either a #10 right window envelope or 12½" x 9" large claim form envelope.



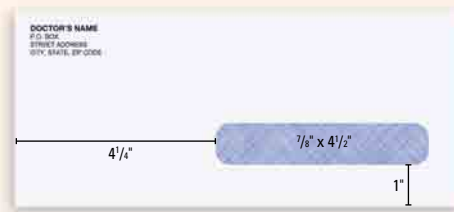
Imprint Area

C CMS-1500 - Continuous
CMS-1500 Claim Form, 9½" x 11"



E ENV-9961
Large Claim Form Envelope, 12½" x 9"
Imprint area 1" x 4"

Snap-A-Part and Continuous Claim Forms are available blank or imprinted. Please specify when ordering.

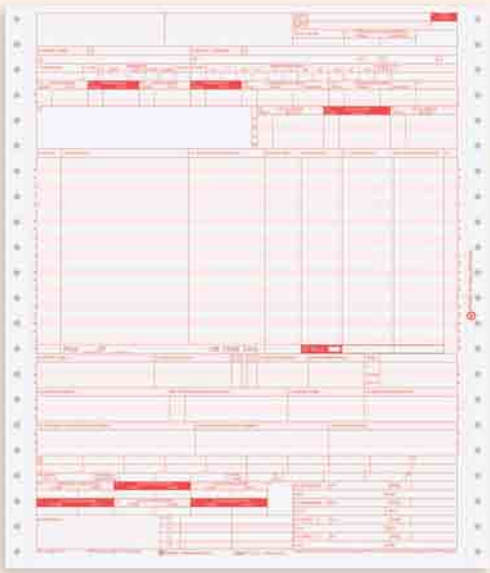


D ENV-9960
Small Claim Form Envelope, 4½" x 9½"

NEW! Revised UB-04 (CMS-1450) Claim Form

The National Uniform Billing Committee (NUBC) has approved the UB-04 to replace the UB-92. The revised form will accommodate the new NPI (National Provider Identifier) number.

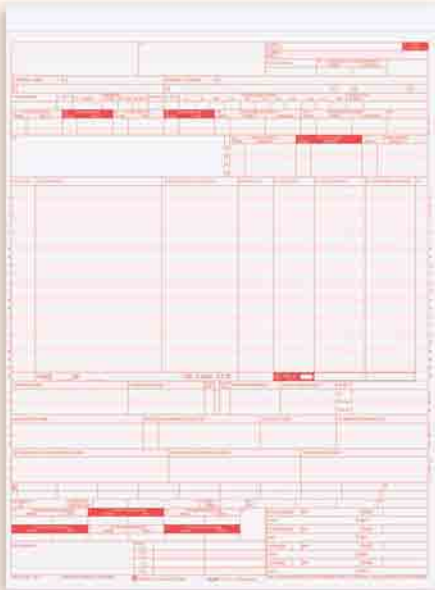
Need envelopes? The #10 will hold several forms comfortably. If you are mailing more, ask about our variety of 9" x 12" envelopes.



A UB-04, CMS-1450 – Continuous
9½" x 11"



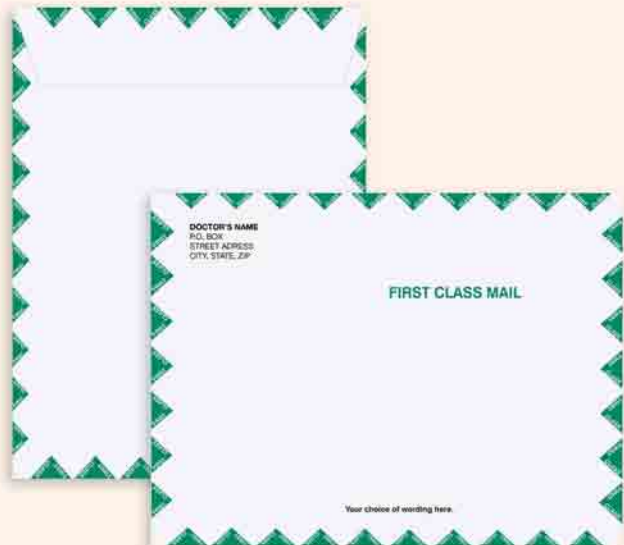
B LUB-04, CMS-1450 – Laser
8½" x 11"



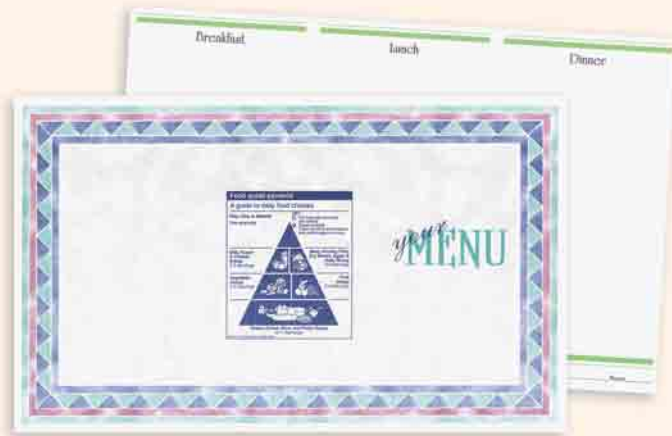
C MCF-389, UB-04, CMS-1450 – Snap-A-Part
8½" x 11"



D ENV-10, 4 1/8" x 9 1/2"
#10 White Wove



E ENV-9835, Kraft® Catalog Envelope
Open End, 9" x 12"
Imprint area 8" x 10¼"



243450 - 243548
Atrium, 8½" x 14"

Generic, Pediatric and Holiday Menus

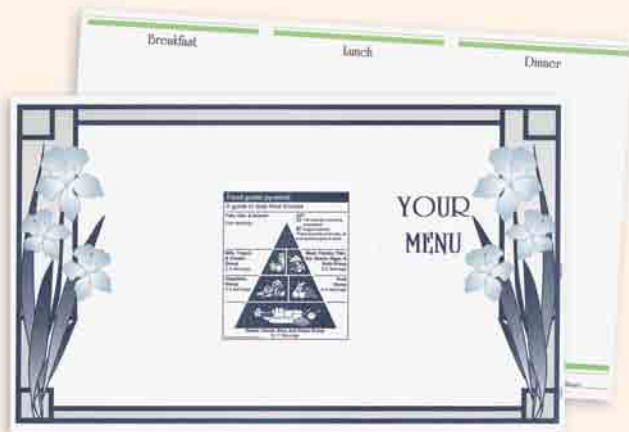
Choose from our selection of stock laser menus or request a custom design to meet your specific needs. All of our menus are printed on 24# laser paper with heat resistant ink and are compatible with all medical dietary programs. Stock menu sizes vary from 8½" x 13" and 8½" x 14" to 11" x 17". These menu designs are available blank or in one of 9 widely recognized color codes. (2000/case)

Call for availability and prices.

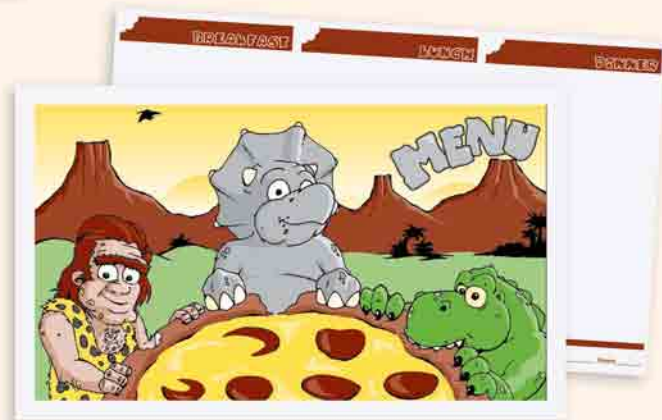
**This is just a sampling
of the styles available.
Call for information and
our full catalog.**



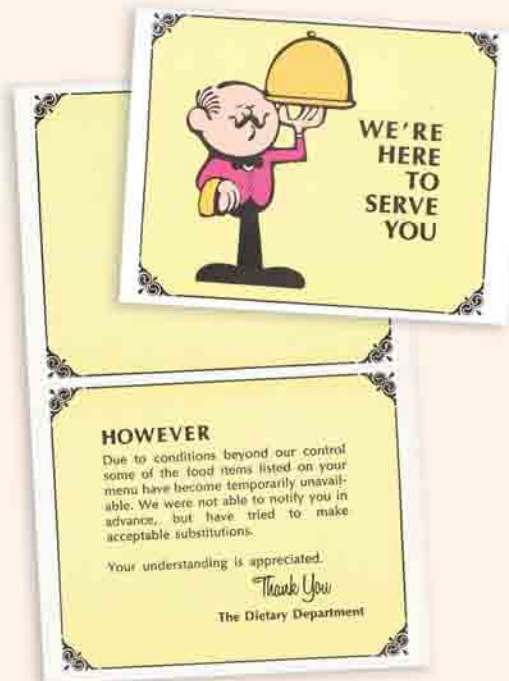
243922
Celebrate the Season, 8½" x 14"



243900 - 243908
Navy Floral, 8½" x 14"
Also Available, 11" x 17", 681000 - 681008



681153
Dinosaurs, 8½" x 14"



685484
Substitution Card

Recommended Diet Coding

- Regular
- Regular
- Diabetic
- Salt Free
- Low Fat or Liquid
- Bland or Soft
- Low Sodium

***Call for availability**



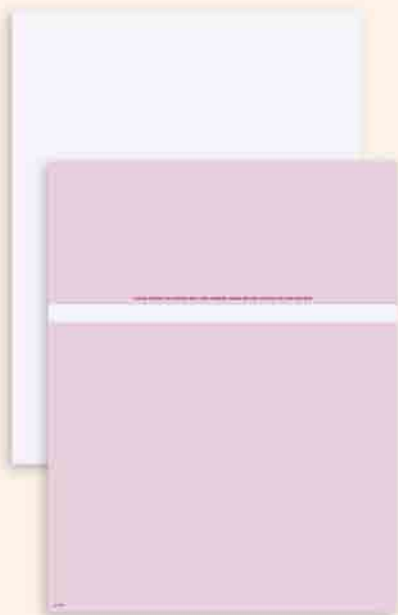
687102
White Diet Card Holder



687101
Clear Diet Card Holder

Statements That Work With Your Software!

These convenient and easy to use statements have a micro-perf 3⁹/₁₆" from the top of the form. You have your choice of information backers or no backer. Available in navy blue, hunter green or burgundy. Sold blank only.



LS-5730 - Navy
LS 5731 - Hunter Green
LS 5732 - Burgundy (shown)

Laser Statement
 Blank Front and Back
 8¹/₂" x 11"



LS-5733 - Navy
LS 5734 - Hunter Green (shown)
LS 5735 - Burgundy

Laser Statement
 Change of Address Backer
 8¹/₂" x 11"



LS-5736 - Navy
LS 5737 - Hunter Green
LS 5738 - Burgundy (shown)

Laser Statement
 Mastercard & Visa on Front
 Change of Address & Credit
 Card Info on Back
 8¹/₂" x 11"



LS-5739 - Navy (shown)
LS 5740 - Hunter Green
LS 5741 - Burgundy

Laser Statement
 Mastercard, Visa & Discover
 on Front. Change of Address &
 Credit Card Info on Back
 8¹/₂" x 11"



LS-5742 - Navy (shown)
LS 5743 - Hunter Green
LS 5744 - Burgundy

Laser Statement
 Mastercard, Visa, Discover &
 American Express on Front.
 Change of Address & Credit
 Card Info on Back
 8¹/₂" x 11"

Document Jackets Protect Your Patient's Privacy!

These jackets allow you to keep important information together. They can be used to keep papers in order, transfer files within your practice or to other doctors, labs, etc. Choose from five colors or Manila. We offer two pre-designed formats or submit your custom design. Select one of four colors for your imprint – black, blue, red or green. For a slight up-charge you can have both sides printed.

BIC® Sticky Note Pads work great for doctors' directions, patient referrals and advertisements. Available in White or Sungold.

Choose from one of our standard formats or submit your custom copy.

A Document Jackets - Colors

50# Cover
12" x 9¼"
Imprint area 10⅞" x 8½"

Format 3
Medical 1



Format 4
Medical 2



! Available Jacket Colors



B Document Jackets

100# Manila Tag, 12" x 9¼"
Imprint area 10⅞" x 8½"
Front or back

Minimum Quantity: 500

Paper Colors: White or Sungold (White is default if not specified.)

Imprint Colors: Black, Red, Yellow, Orange, Light Orange, Navy, Reflex Blue, Blue, Royal, Purple, Plum, Burgundy, Lime, Green, Teal, Forest Green, Magenta, Brown, Cyan, Warm Gray

Price includes a 4-color process imprint. Converting 4-color process will not guarantee a perfect match to spot color.

Specifications: Text can be as small as 6 point type. Lines must be 0.5 point thick. Floodcoat 10-30% tint recommended. Phantom - 10% tints work best.

No setup charges. No additional charge for phantom (ghost) imprints, flood coating or bleeds.



C BIC® Sticky Notes

3" x 3" Pads
Imprint area 2⅝" x 2⅝"

D BIC® Sticky Notes

4" x 3" Pads
Imprint area 3⅝" x 2⅝"
Adhesive is on the 4" side

Forms Designed to Meet HIPAA Regulations!
 HIPAA compliance is mandatory. These forms will help you achieve the necessary compliance. All forms have space for your practice name and address information.

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT
 Doctor's Name
 Street Address
 City, State, Zip Code
 Phone

I understand that, under the Health Information Privacy Act of 1996, I have certain rights relating to access to my personal health information. I understand that this information may be used for and given out for my treatment, my health care, or for other purposes as described in my privacy notice.

I understand that I have the right to request information on how my personal health information is being used and given out for my treatment, my health care, or for other purposes as described in my privacy notice.

I understand that I have the right to request information on how my personal health information is being used and given out for my treatment, my health care, or for other purposes as described in my privacy notice.

I have received, read and understood this Notice of Privacy Practices.

Date: _____

Signature: _____

A 889301
Privacy Practices Acknowledgement
 8½" x 11"

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION
 Doctor's Name
 Street Address
 City, State, Zip Code
 Phone

Person's Name: _____ Date of Birth: _____

I hereby authorize you to use or disclose the specific information described below:

All health care information I may receive related to:

Health care information to be received related to the following treatment or condition:

Other (e.g., A-DNA, HSA), health care:

The following sensitive information may be disclosed:

Genetic Test Results, Family Health History, Mental Health Status, HIV/AIDS Status, Substance Abuse, and Other Sensitive Information

This health care information is to be provided to:

Name of person or organization: _____
 Address: _____
 City, State, Zip: _____

This authorization is valid for the following period:

Indefinite
 From _____ to _____

I understand that:

- I will not be held liable for this authorization or for any health care services I receive or do not receive.
- I have the right to revoke this authorization at any time by notifying the person or organization to which this information is being disclosed.
- This authorization does not apply to information that is already in the public domain.
- This authorization does not apply to information that is required by law to be disclosed.
- This authorization does not apply to information that is required by law to be disclosed.

Date: _____

Signature: _____

A 889302
Patient Authorization
 8½" x 11"

COMPLAINT FORM
 Doctor's Name
 Street Address
 City, State, Zip Code
 Phone

Mail this form to the office or official complaint about Privacy Practices or Complaints

Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Email Account Name: _____ Social Security Number: _____

Please provide specific information regarding your concerns, including the names of the providers, staff, or other individuals involved.

Please give a short, but detailed, account of how you would like your concerns resolved.

I certify that the statements made in this complaint are true and correct to the best of my knowledge.

Date: _____

Signature: _____

YOU HAVE A RIGHT TO A COPY OF THIS COMPLAINT

A 889303
Patient Complaint
 8½" x 11"

NOTICE OF PRIVACY PRACTICES
 Doctor's Name
 Street Address
 City, State, Zip Code
 Phone

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review carefully.

The privacy of your medical information is important to us. We will not disclose your information to others unless you tell us to do so, or unless the law requires us to do so.

This Notice of Privacy Practices describes how we may use and disclose your personal health information and business, financial or health care information, and for other purposes that are permitted or required under applicable law. It also describes your rights to access and control your personal health information. Your personal health information includes your name, address, telephone number, date of birth, sex, race, ethnicity, health insurance information, and other information that we collect and maintain in connection with your care.

Some examples of Use and Disclosures of Protected Health Information for Treatment and Health:

Treatment
 We may use and disclose your protected health information to provide, coordinate or manage your health care.

Payment
 We may need to disclose your medical information to payment providers. We request payment from you for insurance plan, health plan and information from us about your medical care. Information provided by third parties may include your diagnosis, procedure performed or recommended care.

Healthcare Operations
 We may use your medical records to assess quality and improve services. We may use and disclose medical information to assess the quality and performance of our health care services and to train our staff.

We may contact you to remind you about appointments and give you information about treatment, health-related benefits and services.

We may use and disclose your information to conduct or arrange for services, including:

- Medical quality review by your health plan.
- Accounting, billing, risk management, and insurance services.
- Health care research, including health and disease prevention and control programs.

Other Uses and Disclosures

Facility Directories
 Unless you object, we will use and disclose to our facility directory your name, the location at which you are seen, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to anyone that asks for the name, address or the city and state of our facility.

B 889304
Notice of Privacy Practices
 11" x 17" – Four pages folded

BUSINESS ASSOCIATE CONTRACT
 Doctor's Name
 Street Address
 City, State, Zip Code
 Phone

This contract is entered into on this _____ day of _____, 20____.

Between _____ (Business Associate) and _____ (Covered Entity).

Address of Business Associate: _____

I UNDERSTAND AND AGREE TO

Because the Covered Entity will make available and/or disclose to the Business Associate certain Protected Health Information, which will be used or disclosed for and on behalf of the Covered Entity and because the Business Associate will have access to certain Protected Health Information of the Covered Entity, the Business Associate and the Covered Entity agree to this Business Associate Contract.

DEFINITIONS

Business Associate shall mean _____ (Business Associate)

Covered Entity shall mean _____ (Covered Entity)

Individual shall have the same meaning as the term "individual" in 45 CFR 164.502 and shall include a person who is acting as a personal representative in accordance with 45 CFR 164.502(g).

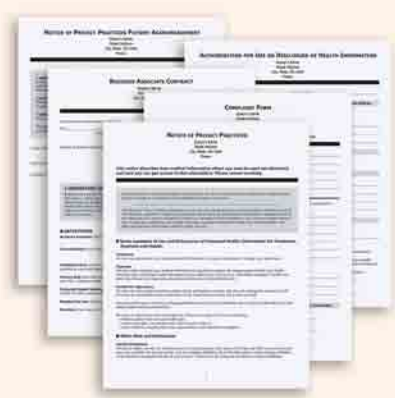
Privacy Rule shall mean the Standard for Privacy of Individually Identifiable Health Information at 45 CFR part 164 and part 165, subchapter A and B.

Protected Health Information shall have the same meaning as the term "protected health information" in 45 CFR 164.502, limited to the information created or received by Business Associate for or on behalf of Covered Entity.

Required by Law shall have the same meaning as the term "required by law" in 45 CFR 164.504.

Secretary shall mean the Secretary of the Department of Health and Human Services, or his designee.

B 889305
Business Associate Contract
 11" x 17" – Four pages folded



C 889306
HIPAA Compliance Resource Kit
 This kit contains small quantities of the HIPAA forms you need.

- 100 Notice of Privacy Practices
- 50 Business Associate Contract
- 250 Privacy Practices Acknowledgement
- 250 Patient Authorization
- 50 Complaint

Streamline Internal Procedures

Combine your forms with labels, ID cards, tags, wrist bands, name tags and much more. A variety of numbering options are available to reduce error and processing time. For security purposes, special adhesives are used to produce tamper evident labels. Once attached to a specimen bottle it cannot be removed without destroying the label.



Description Labels



Bar Code Tracking Label



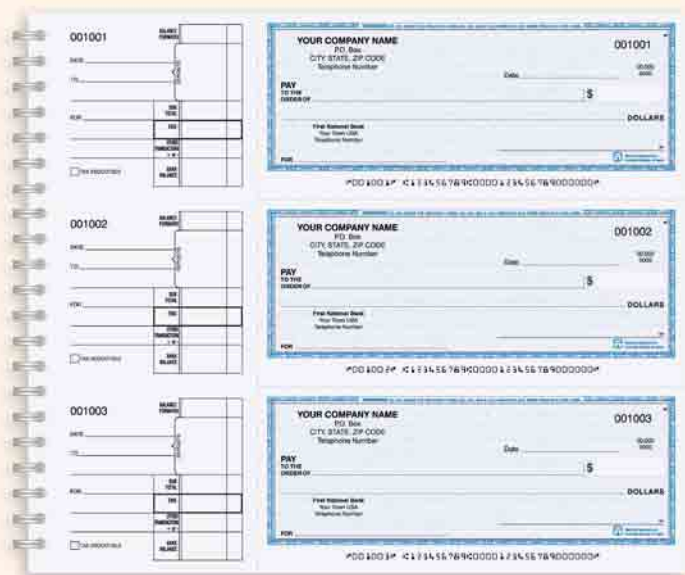
Prescription Label

Applications:

- Bar Code Tracking Labels
- Coupons
- Description Labels
- Direct Mail/Promotional Pieces
- Invoices
- Magnets
- Membership Cards
- Packing Lists with Return Labels
- Prescription Labels



Membership Cards



A DFC-144, 145, 121, 122, 123
Wire Bound
 General Expense Checks, 3 3/8" x 8 1/2",
 13" x 11" Overall
 2-Part – 150 Checks/50 Sheet Sets
 1-Part – 300 Checks/100 Sheets
 Black ink only

! Screened Background Colors



Multi-part color sequence...
 Colors correspond to sequence
 and number of parts selected in
 your order.



← Your Color Choice
 ← White

blank & stock orders ship in **24 HOURS**
 imprinted orders ship in **72 HOURS**

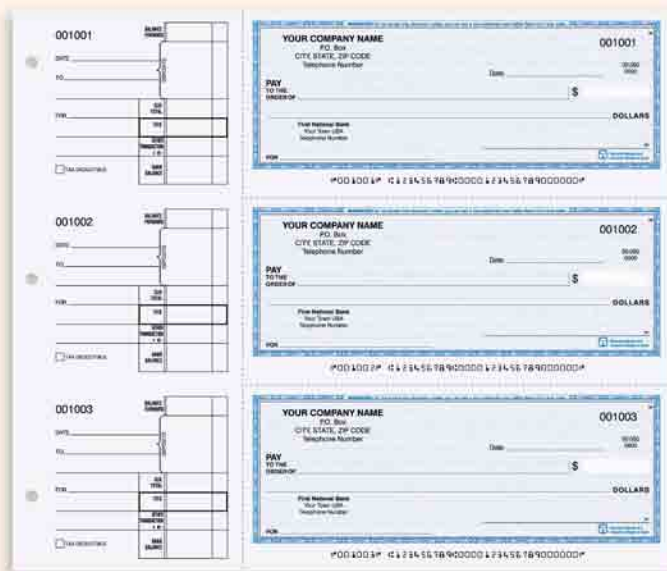
Convenience for the Office and Away!

Choose your General Expense Checks in either wire bound or 3-ring binder versions. Each check contains security features that deter alterations. Choose up to two microprint signature lines. Every check order includes 45 free deposit slips.

Use one of the sturdy 3-ring binders to keep your checks organized and safe.

! When Ordering Checks

Be sure to send a voided check or bank specifications sheet to insure correct MICR encoding.



B DFC-142, 143, 136, 137, 174, 175, 176
3-Ring Binder Checks
 General Expense Checks, 3 3/8" x 8 1/2",
 13" x 11" Overall
 Black ink only



C RB-9984
 3-Ring Check Binder, 14 3/4" x 11 1/2"
 Checks not included

Make the End of the Month Easier!

Using checks and forms that work with your software increases efficiency in your office. Finish the job quickly with double window envelopes designed to fit your check or form. Choose either gummed or self-sealing. All double window envelopes have security tint to protect your patient's privacy.



A **LGPC-9409, 8 1/2" x 11"**
Laser General Purpose Check, 1, 2 or 3 Pts.
Available without lines LGPC-9499
Compatible envelope ENV-937, ENV-937SS



C **LS-9500, 8 1/2" x 11"**
Laser Statement, 1, 2 or 3 Pts.
Compatible envelope ENV-947, ENV-947SS



B **800891, 8 1/2" x 11"**
Laser Deposit Ticket, 1 Pt. QuickBooks® only



D **LGPC-9900, 8 1/2" x 11"**
Laser 3 On-A-Page Checks, 1 Pt.
Available with lines, LGPC-9999
ENV-937, ENV-937SS



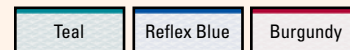
Look for the Defensa™ icon to insure a secure check. All Software Compatible Checks are printed on Defensa™ Security Paper.

! Standard Pantograph Colors – Laser



Imprint includes black ink. Other inks available, call for pricing.

! Secure Image™ – Laser



Call for information.



Reminder Labels



Prescription Label



Property ID



Label Die-Cut



Numbered Labels

Request the label sizes you need to use in your lab or blood bank.



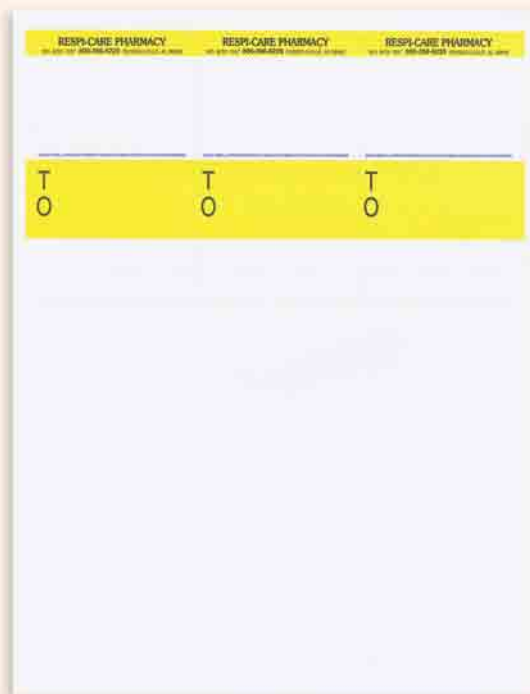
Patient Call Label

Track patients calls to doctors response. Adheres to patient's chart to prevent the information from being lost.



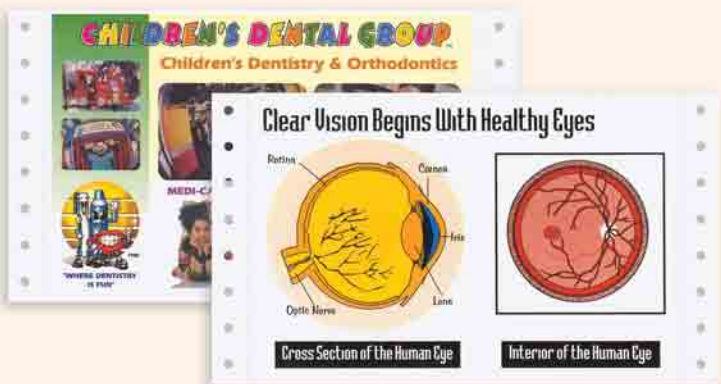
Variable Imaging

Laboratory Specimen Label

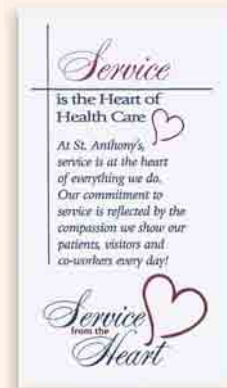


Form/Label Combination

Print up to 6 colors and custom die-cut patterns to create multiple labels.



Continuous Tags - Reminder Cards
4 Color Process



Single Tag Gift Card

No. 406360 **TRIAGE TAG** No. 406360
PART I
No. 406360
CALIFORNIA FIRE CHIEFS ASSOCIATION®
Leave the correct Triage Category ON the end of the Triage Tag

Move the Walking Wounded **MINOR**
No respirations after head tilt **DECEASED**

Respirations - Over 30 **IMMEDIATE**
 Perfusion - Capillary refill Over 2 seconds **IMMEDIATE**
 Mental Status - Unable to follow simple commands **IMMEDIATE**
Otherwise- **DELAYED**

MAJOR INJURIES: _____
HOSPITAL DESTINATION: _____
ORIENTED DISORIENTED UNCONSCIOUS
TIME PULSE B/P RESPIRATION

DECEASED
IMMEDIATE No. 406360
DELAYED No. 406360
MINOR No. 406360

Special Material Tag
Emergency Room Triage Tag

Great for:

- Physician Practices
- Hospitals
- Pharmacies
- Dentist
- Specialist Companies
 - Home Health Care Organizations
 - Nursing Homes/Assisted Living
 - Physical/Occupational Specialist
 - Chiropractic
 - Funeral Homes
- Service Support Companies
 - Ambulance Services
 - Hospital Gift Shops

Tallahassee Memorial Hospital
IDENTIFICATION OF DECEASED

NAME _____
SEX _____ AGE _____
HOSPITAL NO. _____ ROOM NO. _____
PLACED IN _____
MORQUE BY _____
ON _____ (Date) AT _____ (Time) AM/PM
EXPIRED: TMH GOODWOOD ER
 EXTENDED CARE OUTSIDE HOSPITAL
IF OUTSIDE HOSPITAL, BROUGHT IN BY: _____
(Law Enforcement Agency / Funeral Home)
FOR: AUTOPSY PERMIT PT'S CHART
 MEDICAL EXAMINATION CASE CREMATION

RELEASED TO _____ Name _____
REPRESENTING _____ Agency _____
AT _____ am/pm ON _____ Date _____
RELEASED BY _____ Nursing Office Personnel
PART 1 - FORWARD TO BURIALING OFFICE PART 2 - BODY TAG

Multipart Tag
Available 2 to 5 parts. Copy can be identical or different from part to part.



Die-Cut Tag

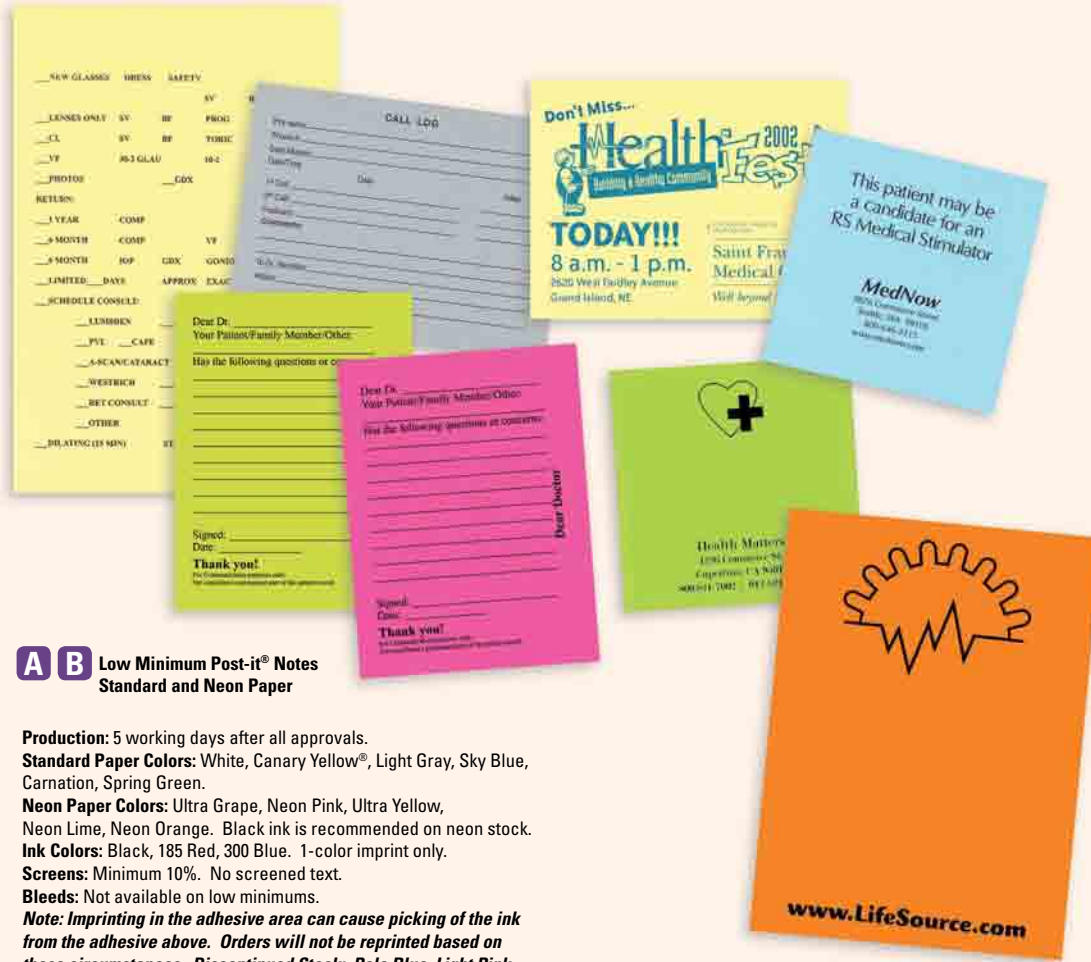


Die-Cut Tag
Rotary File Card

CHECK NAME AND NUMBER AT BEDSIDE

DONOR NO. _____ EXP. DATE _____
DONOR TYPE _____ / _____
PT. NAME _____
PF. NO. _____
PT. TYPE _____ / _____
DATE OF CROSSMATCH _____ COMPATIBLE
12-12-15 9-76 Technology

Single Tag



A B Low Minimum Post-it® Notes Standard and Neon Paper

Production: 5 working days after all approvals.

Standard Paper Colors: White, Canary Yellow®, Light Gray, Sky Blue, Carnation, Spring Green.

Neon Paper Colors: Ultra Grape, Neon Pink, Ultra Yellow, Neon Lime, Neon Orange. Black ink is recommended on neon stock.

Ink Colors: Black, 185 Red, 300 Blue. 1-color imprint only.

Screens: Minimum 10%. No screened text.

Bleeds: Not available on low minimums.

Note: *Imprinting in the adhesive area can cause picking of the ink from the adhesive above. Orders will not be reprinted based on these circumstances. Discontinued Stock: Pale Blue, Light Pink and Watermelon stocks are available in limited quantities.*

Clip Imprint Area: 1 1/8" x 5/32"



Barrel Imprint Area: 2 1/8" x 3/4"

C Bic® Clic Stic Pens



PMS: \$35.00(V).

Fax/E-mail Proof: \$10.00(V) Add 5 working days.

Production: 7 working days after all approvals.

Barrel Imprint Area: 2 1/8" x 3/4"

Clip Imprint Area: 1 1/8" x 5/32"

Barrel/Trim: Teal, Purple, Yellow, Forest Green, Burgundy, Navy, Blue, Red, Black, White, Clear, Cream, Green, Orange, Silver (barrel only).

Point/Ink Colors: Medium Point Black, Blue or Red. Fine Point Black or Blue.

Imprint Colors: White, Yellow, Navy, Purple, Green, Brown, Black, Orange, Reflex, Burgundy, Teal, Charcoal, Red, Pink, Process Blue, Maroon, Forest Green, Cream.

Metallic Imprint Colors: Blue, Gold, Copper, Green, Magenta, Silver.

Note: Maximum 3 colors on barrel and 1 color on clip.



A Custom Business Card Magnets

Production: 9 working days after all approvals.

Imprint Colors: 185 Red, 186 Red, 200 Red, Warm Red, 211 Pink, 2655 Purple, Pantone Purple, Pantone Violet, 208 Burgundy, 320 Aqua, 2747 Blue, 293 Blue, 2985 Blue, Process Blue, Reflex, 116 Yellow, 102 Yellow, 143 Yellow, 474 Beige, 465 Tan, 172 Orange, 477 Brown, 430 Gray, Cool Gray 1, 347 Green, 349 Green, 364 Green, 368 Green, Black, White, 877 Silver, 873 Gold, 806 Pink, 811 Orange, 809 Yellow, 802 Green.

Awareness Ribbons Promote Increased Knowledge!

- Cancer
- Women's Heart Disease
- AIDS
- Teen Violence
- Abuse

Unprinted or printed. Call for pricing.



B Die-Cut Handle Bags

Production: 9 working days after all approvals. 7 working days for exact repeats.

Plastic 2.5 mil bags with fold-over reinforced die-cut handles. Price includes a one-color ink imprint on one side.

Plate charge is per color per side.

Item Colors: White, Buff, Clear, Red, Yellow, Gray, Bright Blue, Pink.

Imprint Colors: White, Black, Pantone Yellow, 021 Orange, 032 Red, 199 Red, 201 Maroon, 208 Burgundy, 215 Cranberry, Rubine Red, Rhodamine Red, Pantone Violet, Pantone Purple, 072 Blue, Reflex, 282 Navy, 293 Blue, Process Blue, Pantone Green, 349 Green, 354 Green, 320 Teal, 469 Brown, 871 Gold, 877 Silver, 876 Copper.

Note: Art requires 1/2" space between colors on 2-color imprints and must be pre-approved.

Design a Receipt Book That Works With Your Practice!

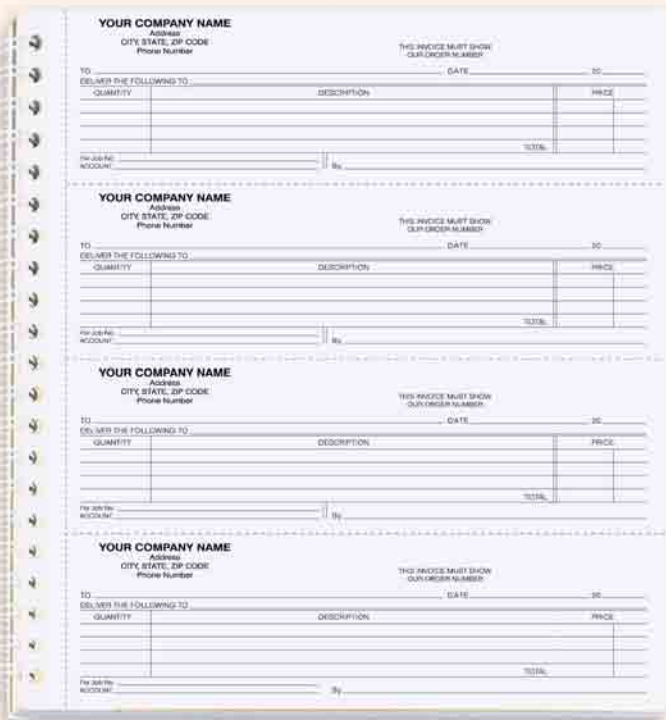
If the receipt books you find just don't work for you, let us print one that will. Provide us with artwork or a sample that has the changes you need and we will produce your perfect book. These special features make wire bound books a wise choice:

- Wire bound books lay flat when opened
- Plastic-coated heavy gauge twin-loop wire won't spring like spiral binding
- Includes cover with insert to prevent copy transfer to other receipts
- White cover stock can be blank or printed
- Chipboard back

Ordering is Easy!

Choose:

- Number of parts
- Starting Number
- Ink Color
- Submit your custom art



A B 2 and 3 Part Carbonless - 4 On-A-Page

Overall Size 8½" x 11"
 Form Size 2¾" x 8½"
 Maximum Print Area . . . 2⅞" x 8"

! Available Ink Colors



Multi-color sequence . . .
 Colors correspond to sequence and number of parts selected in your order.



C D 2 and 3 Part Carbonless - 6 On-A-Page

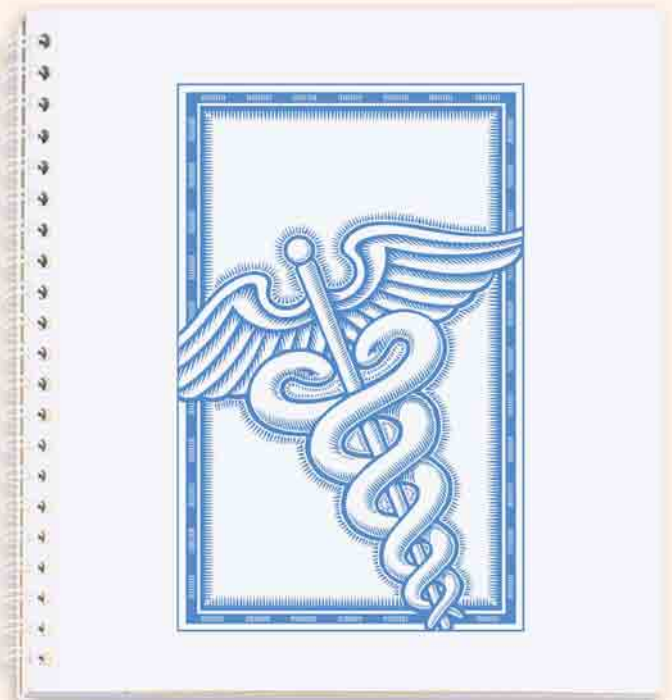
Overall Size 9½" x 11"
 Form Size 3⅝" x 4¾"
 Maximum Print Area . . . 3" x 4½"



A B 2 and 3 Part Carbonless - 8 On-A-Page

Overall Size 9½" x 11"
 Form Size 2⅝" x 4¾"
 Maximum Print Area . . . 2⅞" x 4½"

**Finish your book
 with a professional
 Customized Book Cover!**



C Custom Book Cover

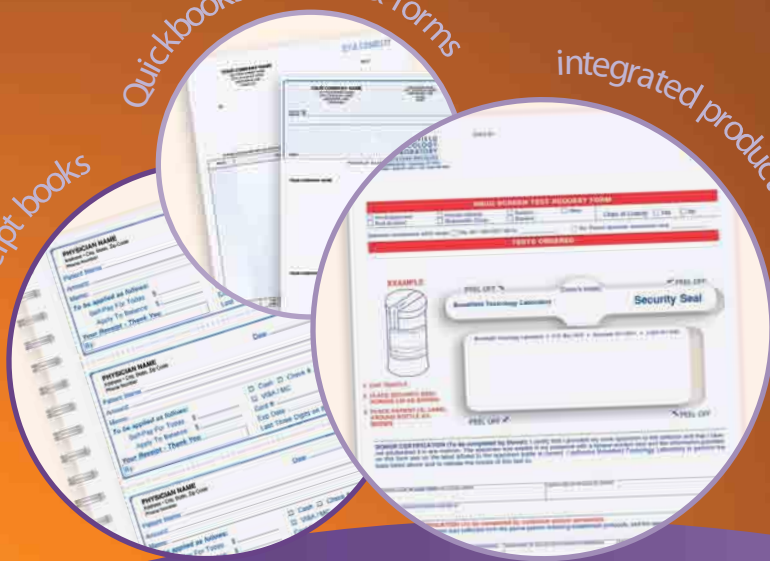
Once you have decided what you need in a book, you can design the cover. Covers are printed in Black ink. If you want your book cover printed in a color other than Black, see page 18 for ink colors.

DAYLE DESIGNS

receipt books

Quickbooks checks & forms

integrated products



Dayle
Designs

Design and Manufacture of Anything With Ink on It!

www.dayledesigns.biz • dayledesigns@comcast.net
8518 Kimmie St. SW • Olympia, Washington 98512

Phone/Fax **360-352-4051**