



TimeMed®

PC-6® Labeling Device Band Customization Form



Date: _____ Return Number: _____

Customer#: _____ PO#: _____

Customer Name: _____

City: _____ State: _____ Zip: _____

Email: _____

	1	2	3	4	5	6	7	8	9	10	11	12
Line 1	BB31	BB31	BB31	BB31	BBL	BBL	BBL	BBL	BBL	BBL	BBL	BBL
Line 2	BB31	BB31	BB31	BB31	BBL	BBL	BBL	BBL	BBL	BBL	BBL	BBL
Line 3	BA46	BA46	BA46	BA46	BAL9	BA46	BA46	BA46	BA45	BA45	BAL9	BAL9

YOUR CHANGES

	1	2	3	4	5	6	7	8	9	10	11	12
Line 1												
Line 2												
Line 3												

KEY

		CHARACTERS AVAILABLE ON EACH BAND TYPE																	
USE ON LINE 1 & 2 ONLY	BAND	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
	BBL	A	B	C	D	E	F	G	H	J	K	L	M	N	P	Q	R	S	
		T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0	
BB31	1	2	3	4	5	6	7	8	9	0	M	C	G	•	%	A	M	P	

USE ON LINE 3 ONLY	BAND	1	2	3	4	5	6	7	8	9	10	11	12	13	*PLEASE NOTE: LINE 3 IS A WIDER BAND							
	BA46	1	2	3	4	5	6	7	8	9	0	/	FOR	\$								
	BA45	1	2	3	4	5	6	7	8	9	0	-	•	¢								
BAL9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q					
	R	S	T	U	V	W	X	Y	Z													