



CUSTOM ORDER: KEYDOT®

Key Surgical® KeyDot® is an adhesive backed label that is applied directly to an instrument for identification purposes. It has a laser etched two-dimensional Data Matrix ECC-200 barcode that carries a unique number, used by software programs to gather information, allowing the instrument to be tracked on an individual basis. KeyDot has a black background with contrasting copy and is available in four diameters: 1/8", 3/16", 1/4", and 3/8". Label copy includes barcode on all sizes with the addition of human readable equivalents on 1/4" and 3/8" KeyDot.

Contact your Key Surgical Sales Representative for current pricing information. Please visit www.keysurgical.com to see our standard KeyDot product line. There is a 10 sheet minimum order quantity. KeyDot is sold 100 per sheet.

To begin the order process, please fill out this custom order form and return it to Key Surgical by fax at 952.914.9866 or email at order@keysurgical.com.

If you have any questions, please contact us via phone at 800.541.7995 or email at info@keysurgical.com

Date:	Customer ID:	Customer Name:		
Contact Name (proof to be sent to):	Phone:	Fax:	Email:	

For Key Surgical Use Only

Custom Request #:

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All valid documents can be found in Grand Avenue Software (GAS). Verify that this document is the current revision in GAS before use.

Date:	Customer ID:
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Have you ordered custom KeyDot® before? **YES** or **NO** If **YES**, this form does not need to be completed unless a new part number is desired.

There are various KeyDot sizes. Please check the box beneath the KeyDot size you would like:



Requested number sequence: _____ **Note: Only one (1) sequence per order of ten (10) sheets*

There is a 15 character maximum. If additional characters are wanted, consult Key Surgical for approval.

Key Surgical will use the same custom KeyDot part number for each subsequent order unless you request a new part number. Additionally, the next number sequence will automatically be assigned unless you specify a different number sequence.

Fax or email this form to **952.914.9866** or order@keysurgical.com.

For Key Surgical Use Only

Item #:	Custom Request #:	Waiver #:	Key PO #:	[] Proof Approval Received
				Date: