



JOB SPECIFICATION FORM

Job #:

Customer Name:

Customer Rep:

Date Submitted:

JOB INFO

Job Name:

Type: New Design ()

Reprint ()

File Name:

JOB TYPE: () Insert

() Med Guide

() Patient Guide

Rev:

Proof #:

Grain direction:

Manufacture by:

Manufacture for:

Fold Type:

Flat Size:

Final Folded size:

Finishing For Padding:

Customer Item #:

Barcode Reader:



Paper Stock:

Ink:

Notes

APPROVED: OK to Print () DATE:

Approved By:

* Please review in detail for Layout, Content, Spelling, Spacing, Grammar, Structures, Colors, Barcode and all Specs related to this Artwork.
MedLit Graphics Inc. is not responsible for errors on printed product that appear on this proof.

