LAC + USC MEDICAL CENTER

Design Specifications:

Size:	Standard 8½ x 11. Forms larger than 8½" x 11 will be reworked to 8½" x 11 Panels with folding perfs.
Paper:	20# bond.
Margins & Booklets:	Allow minimum ¼" margin on left, right and bottom. **(APPENDIX B)**
File Holes:	5 - 1/4" Holes, 1 3/8" C-T-C
Form Title:	Located at the bottom right in 10 pt. Swis721BT Bold font.
Ink:	Black, if any color ink is specified it must be a dark color.
Paper Color:	White
Font Size:	10 pt. preferred, minimum 8 pt. font. Some types of forms will be 14 pt. minimum per CA law.
Headings:	Set as per template.
Patient ID:	Patient ID area is in the bottom right and cannot be moved or size adjusted.
Barcode:	Barcode will appear at the bottom left on faces only. No barcodes on the backers. Barcode will be updated to match the form # and centered horizontally within the barcode area. Be sure to leave ¼" clear area around the barcode. The barcode **MUST STAY** at 1/2" height with ratio of 1:3. (ie. if height is 1/2" then width should be 1.5"). A human readable will print below the barcode. The barcode number will be provided in Design View Additional Specs. Barcode format will be similar to "T-####". If barcode given has a letter preceding it the "T-" still remains first. i.e. T-A###, **NOT** "A-###".
Form # & Rev. Date:	The form # and Rev. Date will appear in the lower right corner. The form number printed on the right will not print with the "T-".
Screens:	Screens will be 3% maximum.
Reverses:	Replace reverses with solid type with 3% screened background.
Rules:	Use standard rule weights. .7 for standard, 1 pt for bold and .3 pt for light.
Back Printing:	Tumbled backers are to remain tumbled. Use Page #'ing and Form No. Line from front on back without patient id box or barcode.
Pagination:	Page numbers will be in "1 of 3" format.

This signature box appears on some forms at the bottom stretched across on two lines. Use this format/position on those forms.

Date	Time Written	Physician's ID#	Service
Physician's Signature			M.D.
Date	Time	Fax By	
R.N.'s Signature			

IMPRINT I.D. CARD (NAME   MRUN CLINIC/WARD)

When changing this barcode, do not change size or location. Only the code text within the barcode menu.

Use this format ONLY on forms requiring a distribution strip.

BARCODE

Distribution:
WHITE –
CANARY –
PINK –

FORM TITLE