Custom Packaging & Product Request Form

Take advantage of a proven, industry-leading design and manufacturing company.

Rhythmlink International recognizes that each medical application has its own unique needs and special requirements that might not be met by "off the shelf" products. Become part of an integrated development team to create the solution that fits your specific needs.

Complete this form and fax it to 803.252.1111 Attn: Director of Sales or e-mail to OEM@rhythmlink.com.

Contact Information

Name: _____

Clinical Contact (if different than above): _____ Credentials: _____

Company/Hospital: _____

Department: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Product or Packaging Details

☐ Custom Packaging [Describe desired packaging]: _____

_____

☐ Custom Product: _____

☐ Custom/Private labeling: _____

Estimated Quantity [Per month or year]: _____ Target Price: _____

Estimated Time Frame [Month/Date]: _____

Type of Product [electrode, probe, sensor, etc]: _____

Please list all design parameters; include a sketch or drawing if necessary.
[Indicate dimensions, material requirements, leadwire length and color combinations, electrical configurations and other specific requirements. Be as detailed as possible.]

*All requests may require setup costs, signed volume agreement, etc. prior to initiation of project work.

Printed Name: _____

Signature: _____

Date: _____