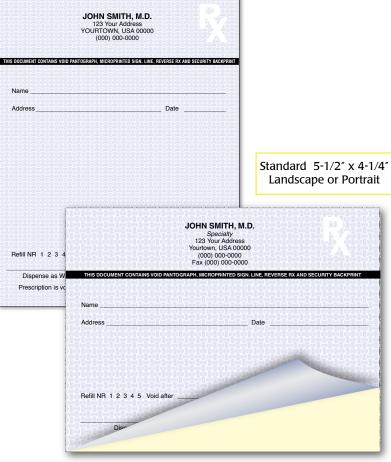# HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- 5 Security Features
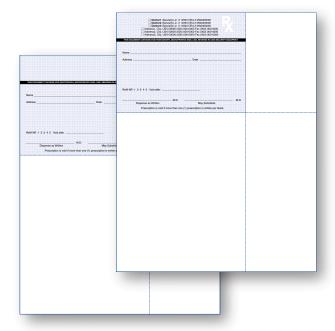- Padded forms available in 1, 2 or 3 part
- Laser Forms - Blank or Imprinted

Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Blue void standard (Green optional)
- Numbering
- 1 part padded 100's
  2 & 3 part padded 50's
- Padded wrap-around cover
- Drilling on part 2

Imprinted or Blank 8-1/2″ x 11″

Standard 5-1/2″ x 4-1/4″
Landscape or Portrait

Semi-custom (Up to 8-1/2″ x 5-1/2″)
Portrait or Landscape

Blue or Green Void Pantograph • Security Features Listed • Reverse Rx Symbol • Security Backprint
Microprint Signature Line • SecureRub™ Technology • Invisible Fiber Security • Anti-Copy Watermark™

Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										**Price/Pad**
☐ PC4-HS1	1	100	15.50	9.10	6.30	4.30	3.90	3.40	3.30	
☐ PC4-HS2	2	50	N/A	12.40	7.30	5.30	4.60	4.60	4.20	
☐ PC4-HS3	3	50	N/A	21.40	12.50	9.10	7.20	7.20	6.90	
Semi Custom Pads										**Price/Pad**
☐ PCHS-SCUST	1	100	24.40	14.30	9.60	6.90	6.20	5.90	5.80	
☐ PCHS2-SCUST	2	50	N/A	27.00	15.70	12.00	10.20	9.70	9.60	
Laser - Imprinted			1000	2000	4000	6000	8000	10000		**Price/M**
☐ PRES1L-HS	1	Imprinted	193.00	143.00	124.00	116.00	114.00	112.00		
Laser - Stock			500	1000	2500	5000	10000	25000		**Price/M**
☐ PRES1L-HS-BK	1	Blank	59.00/lot	75.00	67.00	59.00	53.00	50.00		

Style: ☐ Landscape
      ☐ Portrait

Parts: ☐ 1 Part ☐ 2 Part ☐ 3 Part

Quantity: ☐ 10 Pads ☐ 20 Pads
        ☐ 40 Pads ☐ 60 Pads
        ☐ 80 Pads ☐ 120 Pads

Laser Quantity:
Imprinted ☐ 1000 ☐ 2000 ☐ 4000 ☐ 6000 ☐ 8000 ☐ 10000
Blank ☐ 500 ☐ 1000 ☐ 2500 ☐ 5000 ☐ 10000 ☐ 25000

Start Number: _____

Purchase Order # (if required) _____

Prices: (Add $30 for Logo)
☐ Please send me your catalog

Additional features:
☐ 2nd part printing
☐ padded in 50's
☐ backprinting
☐ numbering
☐ drilling on part 2

Color:
☐ Blue
☐ Green

FAX ORDER FORM

Practice Information

Practice: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ DEA #: _____

NPI #: _____

Specialty: _____ Phone #: _____

Shipping address if different than above

Address: _____

_____

Physician's Signature _____
                             (Required)