

HIGH SECURITY

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"

JOHN SMITH, M.D.
123 Your Address
YOUTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____
Prescription is void if more than one (1) prescription is written per blank.

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

JOHN SMITH, M.D.
Specialty
123 Your Address
Youtown, USA 00000
(000) 000-0000
Fax (000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____
Prescription is void if more than one (1) prescription is written per blank.

Doctor1 Specialty, Inc. # 12345 DEA # MA00000000
Doctor2 Specialty, Inc. # 12345 DEA # MA00000000
Doctor3 Specialty, Inc. # 12345 DEA # MA00000000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

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

JOHN SMITH, M.D.
YOUTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

R 1	<input type="checkbox"/> 104 <input type="checkbox"/> 106 <input type="checkbox"/> 108 <input type="checkbox"/> 110 <input type="checkbox"/> 112 <input type="checkbox"/> 114 <input type="checkbox"/> 116 <input type="checkbox"/> 118 <input type="checkbox"/> 120 <input type="checkbox"/> 122 <input type="checkbox"/> 124 <input type="checkbox"/> 126 <input type="checkbox"/> 128 <input type="checkbox"/> 130 <input type="checkbox"/> 132 <input type="checkbox"/> 134 <input type="checkbox"/> 136 <input type="checkbox"/> 138 <input type="checkbox"/> 140 <input type="checkbox"/> 142 <input type="checkbox"/> 144 <input type="checkbox"/> 146 <input type="checkbox"/> 148 <input type="checkbox"/> 150 <input type="checkbox"/> 152 <input type="checkbox"/> 154 <input type="checkbox"/> 156 <input type="checkbox"/> 158 <input type="checkbox"/> 160 <input type="checkbox"/> 162 <input type="checkbox"/> 164 <input type="checkbox"/> 166 <input type="checkbox"/> 168 <input type="checkbox"/> 170 <input type="checkbox"/> 172 <input type="checkbox"/> 174 <input type="checkbox"/> 176 <input type="checkbox"/> 178 <input type="checkbox"/> 180 <input type="checkbox"/> 182 <input type="checkbox"/> 184 <input type="checkbox"/> 186 <input type="checkbox"/> 188 <input type="checkbox"/> 190 <input type="checkbox"/> 192 <input type="checkbox"/> 194 <input type="checkbox"/> 196 <input type="checkbox"/> 198 <input type="checkbox"/> 200
R 2	<input type="checkbox"/> 104 <input type="checkbox"/> 106 <input type="checkbox"/> 108 <input type="checkbox"/> 110 <input type="checkbox"/> 112 <input type="checkbox"/> 114 <input type="checkbox"/> 116 <input type="checkbox"/> 118 <input type="checkbox"/> 120 <input type="checkbox"/> 122 <input type="checkbox"/> 124 <input type="checkbox"/> 126 <input type="checkbox"/> 128 <input type="checkbox"/> 130 <input type="checkbox"/> 132 <input type="checkbox"/> 134 <input type="checkbox"/> 136 <input type="checkbox"/> 138 <input type="checkbox"/> 140 <input type="checkbox"/> 142 <input type="checkbox"/> 144 <input type="checkbox"/> 146 <input type="checkbox"/> 148 <input type="checkbox"/> 150 <input type="checkbox"/> 152 <input type="checkbox"/> 154 <input type="checkbox"/> 156 <input type="checkbox"/> 158 <input type="checkbox"/> 160 <input type="checkbox"/> 162 <input type="checkbox"/> 164 <input type="checkbox"/> 166 <input type="checkbox"/> 168 <input type="checkbox"/> 170 <input type="checkbox"/> 172 <input type="checkbox"/> 174 <input type="checkbox"/> 176 <input type="checkbox"/> 178 <input type="checkbox"/> 180 <input type="checkbox"/> 182 <input type="checkbox"/> 184 <input type="checkbox"/> 186 <input type="checkbox"/> 188 <input type="checkbox"/> 190 <input type="checkbox"/> 192 <input type="checkbox"/> 194 <input type="checkbox"/> 196 <input type="checkbox"/> 198 <input type="checkbox"/> 200
R 3	<input type="checkbox"/> 104 <input type="checkbox"/> 106 <input type="checkbox"/> 108 <input type="checkbox"/> 110 <input type="checkbox"/> 112 <input type="checkbox"/> 114 <input type="checkbox"/> 116 <input type="checkbox"/> 118 <input type="checkbox"/> 120 <input type="checkbox"/> 122 <input type="checkbox"/> 124 <input type="checkbox"/> 126 <input type="checkbox"/> 128 <input type="checkbox"/> 130 <input type="checkbox"/> 132 <input type="checkbox"/> 134 <input type="checkbox"/> 136 <input type="checkbox"/> 138 <input type="checkbox"/> 140 <input type="checkbox"/> 142 <input type="checkbox"/> 144 <input type="checkbox"/> 146 <input type="checkbox"/> 148 <input type="checkbox"/> 150 <input type="checkbox"/> 152 <input type="checkbox"/> 154 <input type="checkbox"/> 156 <input type="checkbox"/> 158 <input type="checkbox"/> 160 <input type="checkbox"/> 162 <input type="checkbox"/> 164 <input type="checkbox"/> 166 <input type="checkbox"/> 168 <input type="checkbox"/> 170 <input type="checkbox"/> 172 <input type="checkbox"/> 174 <input type="checkbox"/> 176 <input type="checkbox"/> 178 <input type="checkbox"/> 180 <input type="checkbox"/> 182 <input type="checkbox"/> 184 <input type="checkbox"/> 186 <input type="checkbox"/> 188 <input type="checkbox"/> 190 <input type="checkbox"/> 192 <input type="checkbox"/> 194 <input type="checkbox"/> 196 <input type="checkbox"/> 198 <input type="checkbox"/> 200
R 4	<input type="checkbox"/> 104 <input type="checkbox"/> 106 <input type="checkbox"/> 108 <input type="checkbox"/> 110 <input type="checkbox"/> 112 <input type="checkbox"/> 114 <input type="checkbox"/> 116 <input type="checkbox"/> 118 <input type="checkbox"/> 120 <input type="checkbox"/> 122 <input type="checkbox"/> 124 <input type="checkbox"/> 126 <input type="checkbox"/> 128 <input type="checkbox"/> 130 <input type="checkbox"/> 132 <input type="checkbox"/> 134 <input type="checkbox"/> 136 <input type="checkbox"/> 138 <input type="checkbox"/> 140 <input type="checkbox"/> 142 <input type="checkbox"/> 144 <input type="checkbox"/> 146 <input type="checkbox"/> 148 <input type="checkbox"/> 150 <input type="checkbox"/> 152 <input type="checkbox"/> 154 <input type="checkbox"/> 156 <input type="checkbox"/> 158 <input type="checkbox"/> 160 <input type="checkbox"/> 162 <input type="checkbox"/> 164 <input type="checkbox"/> 166 <input type="checkbox"/> 168 <input type="checkbox"/> 170 <input type="checkbox"/> 172 <input type="checkbox"/> 174 <input type="checkbox"/> 176 <input type="checkbox"/> 178 <input type="checkbox"/> 180 <input type="checkbox"/> 182 <input type="checkbox"/> 184 <input type="checkbox"/> 186 <input type="checkbox"/> 188 <input type="checkbox"/> 190 <input type="checkbox"/> 192 <input type="checkbox"/> 194 <input type="checkbox"/> 196 <input type="checkbox"/> 198 <input type="checkbox"/> 200

Refill NR 1 2 3 4 5
Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____
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Doctor1 Specialty, Inc. # 12345 DEA # MA00000000
Doctor2 Specialty, Inc. # 12345 DEA # MA00000000
Doctor3 Specialty, Inc. # 12345 DEA # MA00000000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000
Address: Ctr. USA 00000 (000) 000-0000 Fax (000) 000-0000

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5
Void after _____

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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
<input type="checkbox"/> PC4-HS1	1	100	15.50	9.10	6.30	4.30	3.90	3.40	3.30	
<input type="checkbox"/> PC4-HS2	2	50	N/A	12.40	7.30	5.30	4.60	4.60	4.20	
<input type="checkbox"/> PC4-HS3	3	50	N/A	21.40	12.50	9.10	7.20	7.20	6.90	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCHS-SCUST	1	100	24.40	14.30	9.60	6.90	6.20	5.90	5.80	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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)

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)