

# TAMPER RESISTANT

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all Tamper Resistant required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted

Imprinted or Blank 8-1/2" x 11"

### **Additional features include:** (optional)

- Printing on part 2 available
- Custom backprinting
- Numbering
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

**Rx**

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100

Refill NR 1 2 3 4 5  Spanish  
Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per bar.

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

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

**Rx**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5  Spanish  
Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written

Security Prescription Security Prescription Security

THIS DOCUMENT CONTAINS THE FOLLOWING SECURITY FEATURES:

- SECURITY FEATURES: SECURITY FEATURES: SECURITY FEATURES:
- VOID PRESCRIPTIONS: VOID PRESCRIPTIONS: VOID PRESCRIPTIONS:
- SECURITY BACKPRINTING: SECURITY BACKPRINTING: SECURITY BACKPRINTING:
- VOIDABLE FINGERPRINT FEATURES: VOIDABLE FINGERPRINT FEATURES: VOIDABLE FINGERPRINT FEATURES:
- SECURITY VOIDABLE FINGERPRINT FEATURES: SECURITY VOIDABLE FINGERPRINT FEATURES: SECURITY VOIDABLE FINGERPRINT FEATURES:
- VOIDABLE INK: VOIDABLE INK: VOIDABLE INK:

Security Prescription Security Prescription Security

**Rx**

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123 Your Address  
YOURTOWN, USA 00000  
(000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5  Spanish  
Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written  
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Semi-custom (Up to  
8-1/2" x 5-1/2")  
Portrait or Landscape

**Rx**

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YOURTOWN, USA 00000  
(000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5  Spanish  
Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written

**Rx**

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5  Spanish  
Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	Price/Pad
<b>Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4-TR	1	100	16.80	9.90	6.70	5.20	4.70	4.40	4.30	
<input type="checkbox"/> PC4-TR2	2	100	23.30	13.70	10.00	8.30	8.00	7.70	7.60	
<input type="checkbox"/> PC4-TR3	3	50	N/A	18.50	12.50	10.70	10.00	9.70	9.50	
<b>Semi Custom Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PCTR-SCUST	1	100	35.10	20.60	14.50	11.60	10.60	10.10	9.80	
<input type="checkbox"/> PCTR2-SCUST	2	100	52.70	31.00	22.00	18.10	17.10	16.60	16.20	
<b>Laser - Imprinted</b>				1000	2000	4000	6000	8000	10000	<b>Price/M</b>
<input type="checkbox"/> PRES1L-TR	1	Imprinted		203.20	150.60	130.60	122.10	120.00	117.90	
<b>Laser - Stock</b>				500	1000	2500	5000	10000	25000	<b>Price/M</b>
<input type="checkbox"/> PRES1L-TR-BK	1	Blank		63.20/lot	73.70	65.30	57.90	51.60	48.00	

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

***\*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)