

# Laser Prescription Paper

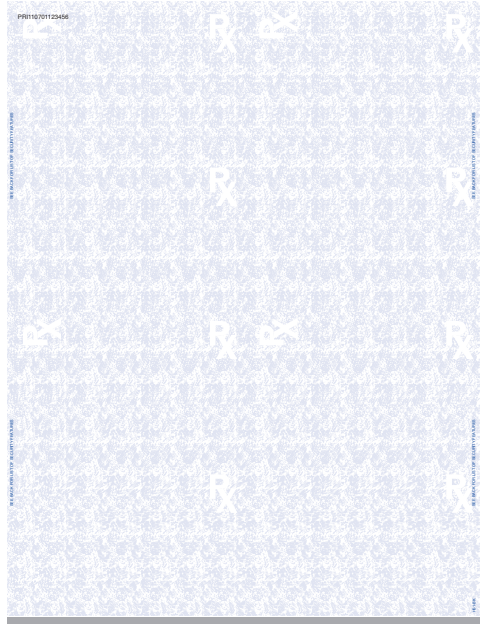
## Benefits:

- Easy to order
- Fast delivery
- Secure shipment process
- Various security features
- Exceeds Medicaid Requirements



Eliminate illegally obtained drugs with  
Anti-Counterfeiting Technology

Deters forging, altering and copying prescriptions



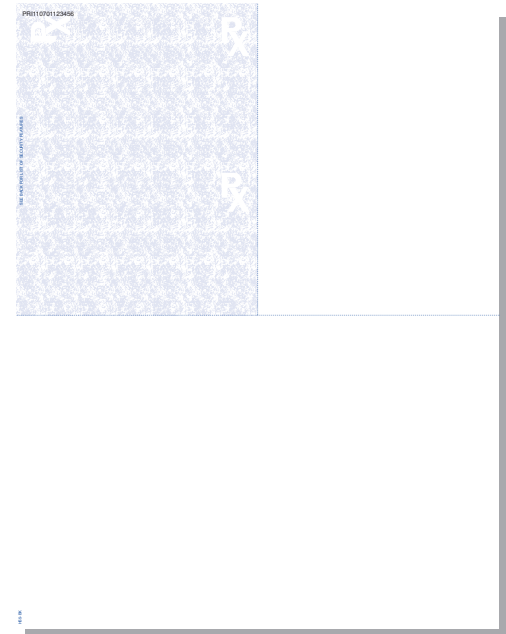
**HS-1 - (Full Page)**  
Overall Size - 8-1/2" x 11" • Reflex Blue Ink



**HS-2 - (2 Up Sheet)**  
Overall Size - 8-1/2" x 11"  
Horiz. Perf. - 5-1/2" from TOF • Reflex Blue Ink



**HS-4 - (4 Up Sheet)**  
Overall Size - 8-1/2" x 11"  
Horiz. Perf. - 5-1/2" from TOF  
Vertical Perf - 4-1/4" LOF • Reflex Blue Ink



**HS-5 - (Top Left Style)**  
Overall Size - 8-1/2" x 11"  
Horiz. Perf. - 5-1/2" from TOF  
Vertical Perf - 4-1/4" LOF • Reflex Blue Ink

*Contact Us*  
For details on specific  
state requirements  
call today!

**PREVENT  
COUNTERFEITING**

## PREVENT FRAUD!

We Have the Level of Security Features You Require

**Protective Security features include:**

**Void Pantograph** - The word "VOID" appears when form is photocopied

**Chemical Protection** - Stains or spots appear with chemical alteration

**Erasure Protection** - White mark appears when erased

**Watermark** - Watermark not visible when held directly to light

**Reverse Rx Symbol** - Rx symbol disappears when photocopied on light setting

**Coin Rub Confirmation** - Rub coin in box below to "Confirm" original document

**Security Features List** - The back of the document lists security features to help deter fraudulent activity and to help officials determine authenticity



Product Code	500	1000	2500	5000	10000	25000
<input type="checkbox"/> HS1-BK (Full Page)	56.00/lot	69.00	62.00	54.00	48.00	45.00
<input type="checkbox"/> HS2-BK (2 Up Sheet)	56.00/lot	69.00	62.00	54.00	48.00	45.00
<input type="checkbox"/> HS4-BK (4 Up Sheet)	56.00/lot	69.00	62.00	54.00	48.00	45.00
<input type="checkbox"/> HS5-BK ( Top Left Style)	56.00/lot	69.00	62.00	54.00	48.00	45.00

***\*FAX ORDER FORM\****

Quantity:  500  5000  
 1000  10000  
 2500  25000

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purchase Order # (if required) \_\_\_\_\_

*Imprinting and numbering available - contact us for charges*