

CALIFORNIA

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Color changing ink is used, which is an easy way for pharmacists to check for authenticity
- Secure shipment process
- Includes all state of California required features
- Padded forms available in 1 or 2 part
- Laser Forms - Imprinted

PRESCRIPTION PADS & LASER FORMS

Additional features include: (optional)

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

Imprinted Only 8-1/2" x 11"

Standard 5-1/2" x 4-1/4" Landscape Only

040225123456
 THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT
 THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

Doctor1 Specialty Lic. # 12345 DEA # MA0000000
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000
 Address1, City, State 00000 (000) 000-0000 Fax (000) 000-0000
 Address2, City, State 00000 (000) 000-0000 Fax (000) 000-0000

Name _____ Date _____
 Address _____

Refill 0 1 2 3 4 5

Void after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

Imprinted Only 8-1/2" x 11"

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Doctor1 Specialty Lic. # 12345 DEA # MA0000000
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000
 Address1, City, CA 00000 (000) 000-0000 Fax (000) 000-0000
 Address2, City, CA 00000 (000) 000-0000 Fax (000) 000-0000

Name _____ Date _____
 Address _____

Refill 0 1 2 3 4 5

Void after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

Multi-Prescription 8-1/2" x 3-2/3"

PRACTICE NAME
 Doctor MD
 Lic. # 12345 DEA # MA0000000
 Address1, City, State 00000 (000) 000-0000 Fax (000) 000-0000

Name _____ Date _____
 Address _____

Refill 0 1 2 3 4 5

VOID

VOID after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

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

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Doctor1 Specialty Lic. # 12345 DEA # MA0000000
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000
 Address1, City, CA 00000 (000) 000-0000 Fax (000) 000-0000
 Address2, City, CA 00000 (000) 000-0000 Fax (000) 000-0000


Name _____ Date _____
 Address _____

Refill 0 1 2 3 4 5

VOID

VOID after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

 Blue Void Pantograph • Red Thermo-chromatic Ink • Security Features Listed on Face • Security Backprint • Batch Number Sequential Numbering • Security Paper • Reverse Rx Symbol • Quantity Check Box(es) for Quantity Required



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-CA	1	100	20.40	12.00	8.00	6.20	5.70	5.30	5.10	
<input type="checkbox"/> PC4-CA2	2	100	31.60	18.60	12.70	10.20	9.70	9.30	9.00	
<input type="checkbox"/> PC4-CA3	3	50	N/A	23.50	15.80	13.60	12.50	12.00	11.70	
Multi Prescription Style Pads										Price/Pad
<input type="checkbox"/> PC4-CAM	1	100		13.80	9.50	7.50	6.80	6.30	6.00	
<input type="checkbox"/> PC4-CAM2	2	100		21.70	16.50	14.50	13.70	13.30	12.70	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCCA-SCUST	1	100		21.70	15.20	12.10	11.10	10.50	10.20	
<input type="checkbox"/> PCCA2-SCUST	2	100		32.60	23.10	19.00	17.90	17.50	17.00	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-CA	1	Imprinted		205.00	161.00	140.00	132.00	129.00	125.00	

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: 1000 2000 4000 6000 8000 10000

Start Number: #00001 _____

Purchase Order # (if required) _____

Standard Format
California Mandated Prescription Forms
Two part form has blank second part.

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

Additional features:

- padded in 50's
- backprinting
- numbering
- drilling on part 2
- 2nd part printing

FAX ORDER FORM

Practice Information

Practice: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ DEA #: _____

(DEA certificate must be faxed with order)

NPI #: _____

Specialty: _____ Phone #: _____

Shipping address if different than above

Address: _____

Physician's Signature _____

(Required)