

# 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"

040225123456

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Substitute-Dispense As Written

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

12345 DEA # MA0000000  
12345 DEA # MA0000000  
12345 DEA # MA0000000  
(0) 000-0000 Fax (000) 000-0000  
(0) 000-0000 Fax (000) 000-0000

ROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT NUMBERING, PRINTED ON SAFETY PAPER

Date \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100  
 101-150

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_

Do Not Substitute-Dispense As Written

SP01 \_\_\_\_\_

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

040225123456

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

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_ Signature \_\_\_\_\_

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040225123456

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

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Substitute-Dispense As Written

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

12345 DEA # MA0000000  
12345 DEA # MA0000000  
12345 DEA # MA0000000  
(0) 000-0000 Fax (000) 000-0000  
(0) 000-0000 Fax (000) 000-0000

ROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT NUMBERING, PRINTED ON SAFETY PAPER

John Smith, M.D.  
123 Your Address  
Yourtown, CA 00000  
(000) 000-0000  
Lic. # 00000  
DEA # 0000000

1-24	25-49	50-74	75-100	101-150	151+	Rx	Qty or %	Sub. or E.C.	INSTRUCTIONS	Refill
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>


VOID AFTER \_\_\_\_\_

Do Not Substitute-Dispense As Written

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

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

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

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