

HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

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
YOURTOWN, 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. My Substitu M.D.
Prescription is void if more than one (1) prescription is written per blank.

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

Doctor1 Specialty Lic. # 12345 DEA # MA0000000
Doctor2 Specialty Lic. # 12345 DEA # MA0000000
Doctor3 Specialty Lic. # 12345 DEA # MA0000000
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 _____

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

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

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, 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. My Substitu M.D.
Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, 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"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 1000
R 2	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 1000
R 3	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 1000
R 4	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 1000

Refill NR 1 2 3 4 5
Void after _____

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

Doctor1 Specialty Lic. # 12345 DEA # MA0000000
Doctor2 Specialty Lic. # 12345 DEA # MA0000000
Doctor3 Specialty Lic. # 12345 DEA # MA0000000
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 _____

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

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

Blue or Green Void Pantograph • Security Features Listed • Reverse Rx Symbol • Security Backprint
Microprint Signature Line • SecureRub™ Technology • Invisible Fiber Security • Anti-Copy Watermark™