

HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- 8 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. _____ May Substitute _____ 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

H, M.D.
123 Your Address
A 00000
0000
0-0000

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 _____

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. _____ May Substitute _____ 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.
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 See See See See See
 Do Not Substitute Refill = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20

R 2 See See See See See
 Do Not Substitute Refill = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20

R 3 See See See See See
 Do Not Substitute Refill = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20

R 4 See See See See See
 Do Not Substitute Refill = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20

Refill NR 1 2 3 4 5
Void after _____
Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

1-24
25-49
50-74



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