

INDIANA

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Secure shipment process
- Includes all state of Indiana required features
- Padded forms available in 1 or 2 part - Padded in 50's
- Laser Forms - Blank or Imprinted

Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Numbering
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

Imprinted or Blank 8-1/2" x 11"

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

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
Fax (000) 000-0000

Rx

Name _____ Date _____

Address _____

Refill NR: 1 2 3 4 5 Void after _____

Dispense as Written _____ May Substitute _____

Prescription is void if more than one (1) prescription is written per blank.

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123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
Fax (000) 000-0000

Rx

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Address _____

Refill NR: 1 2 3 4 5 Void after _____

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Blue Void Pantograph • Reverse Rx Symbol • Security Backprint • State Mandated Format(s)
Approved Manufacturer • Check Box for Quantity Required