

# TAMPER RESISTANT

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all Tamper Resistant required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted

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

### Additional features include: (optional)

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

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

**Rx**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

Refill NR 1 2 3 4 5  Spanx

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

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

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

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

**Rx**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

Refill NR 1 2 3 4 5  Spanx

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

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

Refill NR 1 2 3 4 5 Spanish

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

Security Prescription Security Prescription Security

THIS DOCUMENT CONTAINS THE FOLLOWING SECURITY FEATURES:

SECURITY FEATURES: SECURITY FEATURES:  
VOID PRESCRIPTIONS: VOID PRESCRIPTIONS:  
SECURITY BACK PRINTING: SECURITY BACK PRINTING:  
VOIDABLE ADHERENT TISSUES: VOIDABLE ADHERENT TISSUES:  
SECURITY CHECKPOINT MARKING: SECURITY CHECKPOINT MARKING:  
VOIDABLE INK: VOIDABLE INK:

Security Prescription Security Prescription Security

**Rx**

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

Refill NR 1 2 3 4 5  Spanx

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

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

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

**Rx**

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

Refill NR 1 2 3 4 5  Spanx

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

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

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

Refill NR 1 2 3 4 5  Spanx

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written  
Prescription is void if more than one (1) controlled substance is written per label.

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

