

# WYOMING

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

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

### Additional features include: (optional)

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

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

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address1, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address2, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address3, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

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

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

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_ Units \_\_\_\_\_  
 Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_  
 Prescription is void if more than one (1) controlled substance is written per blank.

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_ Units \_\_\_\_\_  
 Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_  
 Prescription is void if the number of drugs prescribed is not noted.

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

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

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

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_ Units \_\_\_\_\_  
 Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_  
 Prescription is void if more than one (1) controlled substance is written per blank.

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

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_ Units \_\_\_\_\_  
 Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_  
 Prescription is void if more than one (1) controlled substance is written per blank.

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_ Units \_\_\_\_\_  
 Void After \_\_\_\_\_  
 Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_  
 Prescription is void if more than one (1) controlled substance is written per blank.



Green Void Pantograph • Security Features Listed • Security Backprint  
Approved Manufacturer • Valid License Checking Required