

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 _____

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

Dispense as Written _____ May Substitute _____
Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
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Rx

Name _____ Date _____
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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



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										Price/Pad
<input type="checkbox"/> PC4-IN	1	50	N/A	7.70	5.40	4.20	4.00	3.70	3.50	
<input type="checkbox"/> PC4-IN2	2	50	N/A	11.80	8.20	6.20	5.40	5.20	4.90	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRESIL-IN	1	Imprinted		200.10	132.70	97.90	85.30	81.10	77.90	
<input type="checkbox"/> PRESIL-IN2	2	Imprinted		200.10	132.70	97.90	85.30	81.10	77.90	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRESIL-IN-BK	1	Blank		59.00	69.50	62.10	54.80	48.40	45.30	
<input type="checkbox"/> PRESIL-IN2-BK	2	Blank		59.00	69.50	62.10	54.80	48.40	45.30	

Style: Landscape Only

Parts: 1 Part 2 Part

Quantity: 10 Pads 20 Pads
 40 Pads 60 Pads
 80 Pads 120 Pads

Additional features:

padded in 50's
(100's available)

backprinting

numbering

drilling on part 2

2nd part printing

Laser Quantity:

Imprinted 1000 2000 4000 6000 8000 10000

Blank 500 1000 2500 5000 10000 25000

Start Number: _____

Purchase Order # (if required) _____

Prices: (Add \$30 for Logo)

Please send me your catalog

*** FAX ORDER FORM***

Practice Information

Practice: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ DEA #: _____

NPI #: _____

Specialty: _____ Phone #: _____

Shipping address if different than above

Address: _____

Physician's Signature _____

(Required)