

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

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

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

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

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

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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	7.30	5.10	4.00	3.80	3.50	3.30	
<input type="checkbox"/> PC4-IN2	2	50	N/A	11.20	7.80	5.90	5.10	4.90	4.70	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRESIL-IN	1	Imprinted		190.00	126.00	93.00	81.00	77.00	74.00	
<input type="checkbox"/> PRESIL-IN2	1	Imprinted		190.00	126.00	93.00	81.00	77.00	74.00	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRESIL-IN-BK	1	Blank		56.00	65.00	59.00	52.00	46.00	43.00	
<input type="checkbox"/> PRESIL-IN2-BK	1	Blank		56.00	65.00	59.00	52.00	46.00	43.00	

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)