

MAINE

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Color changing ink is used, which is an easy way for pharmacists to check for authenticity
- Secure shipment process
- Includes all state of Maine required features
- Padded forms available in 1 or 2 part
- Laser Forms - 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

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

DEA # _____ **JOHN SMITH**
Specialty
123 Your Address
Youtown, ME 00000
(000) 000-0000
Fax (000) 000-0000

VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS ERASURES & ALTERATIONS, MICROPRINT SIGN, LINE & SECURITY BACKPRINT

Name _____ Date _____
Address _____

Rx

Refill NR 1 2 3 4 5 Void After _____

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (✓) has been handwritten in the box in the right-hand lower corner.

Signature _____

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

DEA # _____ **JOHN SMITH**
Specialty
123 Your Address
Youtown, ME 00000
(000) 000-0000
Fax (000) 000-0000

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Signature _____



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-ME	1	100	20.70	12.20	8.30	6.30	5.40	5.30	5.20	
<input type="checkbox"/> PC4-ME2	2	100	31.40	18.40	12.50	10.10	9.70	9.60	9.30	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-ME	1	Imprinted		203.20	150.60	130.60	122.10	120.00	117.90	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRES1L-ME-BK	1	Blank		62.10	79.00	70.60	62.10	55.80	52.70	

Style: Landscape Only

Parts: 1 Part 2 Part

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

Laser Quantity:
Imprinted 1000 2000 4000 6000 8000 10000
Blank 500 1000 2500 5000 10000 25000

Start Number: _____

Purchase Order # (if required) _____

Additional features:
 2nd part printing
 padded in 50's - optional
 backprinting
 numbering
 drilling on part 2

*** 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)

Prices: (Add \$30 for Logo)
 Please send me your catalog