

# CALIFORNIA

## Benefits:

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

## PRESCRIPTION PADS & LASER FORMS

### Additional features include: (optional)

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

Imprinted Only 8-1/2" x 11"

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

040225123456

Doctor1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000  
 Address1, City, State 00000 (000) 000-0000 Fax (000) 000-0000  
 Address2, City, State 00000 (000) 000-0000 Fax (000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

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

Units \_\_\_\_\_

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_ Signature \_\_\_\_\_  
 Do Not Substitute-Dispense As Written

SP01 \_\_\_\_\_ Prescription is void if the number of drugs prescribed is not noted.

12345 DEA # MA0000000  
 12345 DEA # MA0000000  
 12345 DEA # MA0000000  
 (0) 000-0000 Fax (000) 000-0000  
 (0) 000-0000 Fax (000) 000-0000

ROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT, NUMBERING, PRINTED ON SAFETY PAPER

Date \_\_\_\_\_

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

Imprinted Only 8-1/2" x 11"

040225123456

Doctor1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000  
 Address1, City, CA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address2, City, CA 00000 (000) 000-0000 Fax (000) 000-0000

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Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

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

Units \_\_\_\_\_

Refill  0  1  2  3  4  5

Void after \_\_\_\_\_ Signature \_\_\_\_\_  
 Do Not Substitute-Dispense As Written

SP01 \_\_\_\_\_ Prescription is void if the number of drugs prescribed is not noted.

Multi-Prescription 8-1/2" x 3-2/3"

PRACTICE NAME  
 Doctor MD  
 Lic. # 12345 DEA # MA0000000  
 Address  
 City, State 00000  
 (000) 000-0000 Fax (000) 000-0000

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Rx 1 \_\_\_\_\_  
 Rx 2 \_\_\_\_\_  
 Rx 3 \_\_\_\_\_

Prescription is void if the number of drugs prescribed is not noted.  
 Spanish SP01  
 Pharmacist/Pharm

PRACTICE NAME  
 Doctor MD  
 Lic. # 12345 DEA # MA0000000  
 Address  
 City, State 00000  
 (000) 000-0000 Fax (000) 000-0000

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Rx 1 \_\_\_\_\_  
 Rx 2 \_\_\_\_\_  
 Rx 3 \_\_\_\_\_

Prescription is void if the number of drugs prescribed is not noted.  
 Spani \_\_\_\_\_  
 Pharmacist/Pharm

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

040225123456

Doctor1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor3 Specialty Lic. # 12345 DEA # MA0000000  
 Address1, City, CA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address2, City, CA 00000 (000) 000-0000 Fax (000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX, SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

Qty	25-49	50-74	75-100	101-150	151+	Rx	Qty 1st 1/2	No. of C's	INSTRUCTIONS	Units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Void after \_\_\_\_\_ Signature \_\_\_\_\_  
 Do Not Substitute-Dispense As Written

SP01 \_\_\_\_\_ Prescription is void if the number of drugs prescribed is not noted.

Refill  NR  1  2  3  4  5

John Smith, M.D.  
 123 Your Address  
 Yourtown, CA 00000  
 (000) 000-0000  
 Lic. # 00000  
 DEA # 0000000

Blue Void Pantograph • Red Thermo-chromatic Ink • Security Features Listed on Face • Security Backprint • Batch Number Sequential Numbering • Security Paper • Reverse Rx Symbol • Quantity Check Box(es) for Quantity Required



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
<b>Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4-CA	1	100	21.00	12.40	8.20	6.40	5.90	5.50	5.30	
<input type="checkbox"/> PC4-CA2	2	100	32.60	19.20	13.10	10.50	10.00	9.60	9.30	
<input type="checkbox"/> PC4-CA3	3	50	N/A	24.20	16.30	14.00	12.90	12.40	12.10	
<b>Multi Prescription Style Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4-CAM	1	100	N/A	14.20	9.80	7.70	7.00	6.50	6.20	
<input type="checkbox"/> PC4-CAM2	2	100	N/A	22.40	17.00	14.90	14.10	13.70	13.10	
<b>Semi Custom Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PCCA-SCUST	1	100	N/A	22.40	15.70	12.50	11.40	10.80	10.50	
<input type="checkbox"/> PCCA2-SCUST	2	100	N/A	33.60	23.80	19.60	18.50	18.00	17.50	
<b>Laser - Imprinted</b>				<b>1000</b>	<b>2000</b>	<b>4000</b>	<b>6000</b>	<b>8000</b>	<b>10000</b>	<b>Price/M</b>
<input type="checkbox"/> PRESIL-CA	1	<b>Imprinted</b>		211.40	166.00	144.30	136.10	133.00	128.90	

Style:  Landscape  
 Portrait

Parts:  1 Part  2 Part  3 Part

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

Laser Quantity:  1000  2000  4000  6000  8000  10000

Start Number: #00001 \_\_\_\_\_

Purchase Order # (if required) \_\_\_\_\_

**Standard Format**  
**California Mandated Prescription Forms**  
**Two part form has blank second part.**

**Additional features:**

- padded in 50's
- backprinting
- numbering
- drilling on part 2
- 2nd part printing

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 #: \_\_\_\_\_

(DEA certificate must be faxed with order)

NPI #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shipping address if different than above

Address: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

(Required)