KENTUCKY

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Secure shipment process
- Includes all state of Kentucky 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

Imprinted or Blank 8-1/2″ x 11″

Standard 5-1/2″ x 4-1/4″
Landscape only

Green Void Pantograph • Reverse Rx Symbol • Security Backprint • State Mandated Format(s)
Approved Manufacturer • 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	
Standard Pads										**Price/Pad**
☐ **PC4-KY**	**1**	**100**	**16.80**	**9.90**	**6.50**	**5.80**	**4.50**	**4.40**	**4.30**	
☐ **PC4-KY2**	**2**	**100**	**24.70**	**14.50**	**10.30**	**8.40**	**7.70**	**7.40**	**6.60**	
Laser - Imprinted				**1000**	**2000**	**4000**	**6000**	**8000**	**10000**	**Price/M**
☐ **PRES1L-KY**	**1**			**200.10**	**132.70**	**97.90**	**85.30**	**81.10**	**77.90**	
Laser - Stock				**500**	**1000**	**2500**	**5000**	**10000**	**25000**	**Price/M**
☐ **PRES1L-KY-BK**	**1**			**59.00**	**68.40**	**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:

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

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)