

# 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  
Yourtown, 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 \_\_\_\_\_

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.

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

DEA # \_\_\_\_\_ **JOHN SMITH**  
*Specialty*  
123 Your Address  
Yourtown, 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 \_\_\_\_\_



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-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	
<b>Laser - Imprinted</b>				1000	2000	4000	6000	8000	10000	<b>Price/M</b>
<input type="checkbox"/> PRES1L-ME	1	Imprinted		203.20	150.60	130.60	122.10	120.00	117.90	
<b>Laser - Stock</b>				500	1000	2500	5000	10000	25000	<b>Price/M</b>
<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