

TAMPER RESISTANT

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all Tamper Resistant required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted

Dealer Information
Here

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 or Portrait

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



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-TR	1	100	16.80	9.90	6.70	5.20	4.70	4.40	4.30	
<input type="checkbox"/> PC4-TR2	2	100	23.30	13.70	10.00	8.30	8.00	7.70	7.60	
<input type="checkbox"/> PC4-TR3	3	50	N/A	18.50	12.50	10.70	10.00	9.70	9.50	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCTR-SCUST	1	100	35.10	20.60	14.50	11.60	10.60	10.10	9.80	
<input type="checkbox"/> PCTR2-SCUST	2	100	52.70	31.00	22.00	18.10	17.10	16.60	16.20	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-TR	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-TR-BK	1	Blank		63.20/lot	73.70	65.30	57.90	51.60	48.40	

Style: Landscape
 Portrait
Parts: 1 Part 2 Part 3 Part
Quantity: 10 Pads 20 Pads
 40 Pads 60 Pads
 80 Pads 120 Pads

Additional features:
 2nd part printing
 padded in 50's
 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)