

WASHINGTON

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 Washington required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted

PRESCRIPTION PADS & LASER FORMS

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

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

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

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



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-WA	1	100	20.00	11.80	7.90	6.10	5.60	5.20	5.10	
<input type="checkbox"/> PC4-WA2	2	100	31.10	18.30	12.50	10.00	9.60	9.20	8.70	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCWA-SCUST	1	100	36.20	21.30	14.80	11.90	10.80	10.30	10.00	
<input type="checkbox"/> PCWA2-SCUST	2	100	54.50	32.10	22.90	18.70	17.60	17.20	16.80	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRESIL-WA	1	Imprinted		195.90	149.50	129.50	122.10	120.00	117.90	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRES1L-WA-BK	1	Blank		65.30	76.90	69.50	62.10	55.80	51.60	
Medical Marijuana				100	500	1000	2500			Price/Lot
<input type="checkbox"/> PRES1L-WAM	1			86.00/lot	128.00/lot	181.00/lot	340.00/lot			

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) _____

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

Additional features:

- 2nd part printing
- padded in 50's
- 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)