

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 _____

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

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
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 _____

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

Refill 0 1 2 3 4 5

Void after _____

Do Not Substitute-Dispense As Written

SP01 _____

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 _____

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

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
General MD
Lic. # 12345 DEA # MA0000000
Address1
City, State 00000
(000) 000-0000 Fax (000) 000-0000

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1
 2
 3

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

Spanish - SP01
Pharmacologist

PRACTICE NAME
General MD
Lic. # 12345 DEA # MA0000000
Address1
City, State 00000
(000) 000-0000 Fax (000) 000-0000

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1
 2
 3

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

Spanish - SP01
Pharmacologist

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

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Name _____ Date _____

Address _____

| Qty | 25-49 | 50-74 | 75-100 | 101-150 | 151+ | Rx | Refill % | Sub. or E.C. | 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"/> | | | | |

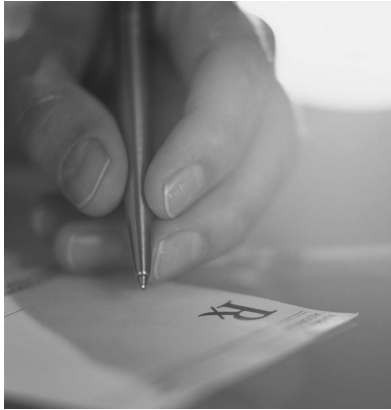
Void after _____ Signature _____

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

Blue Void Pantograph • Red ThermoChromatic 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 | |
|--------------------------------------|-------|-----------|--------|-------------|-------------|-------------|-------------|-------------|--------------|------------------|
| Standard Pads | | | | | | | | | | Price/Pad |
| <input type="checkbox"/> PC4-CA | 1 | 100 | 20.40 | 12.00 | 8.00 | 6.20 | 5.70 | 5.30 | 5.10 | |
| <input type="checkbox"/> PC4-CA2 | 2 | 100 | 31.60 | 18.60 | 12.70 | 10.20 | 9.70 | 9.30 | 9.00 | |
| <input type="checkbox"/> PC4-CA3 | 3 | 50 | N/A | 23.50 | 15.80 | 13.60 | 12.50 | 12.00 | 11.70 | |
| Multi Prescription Style Pads | | | | | | | | | | Price/Pad |
| <input type="checkbox"/> PC4-CAM | 1 | 100 | | 13.80 | 9.50 | 7.50 | 6.80 | 6.30 | 6.00 | |
| <input type="checkbox"/> PC4-CAM2 | 2 | 100 | | 21.70 | 16.50 | 14.50 | 13.70 | 13.30 | 12.70 | |
| Semi Custom Pads | | | | | | | | | | Price/Pad |
| <input type="checkbox"/> PCCA-SCUST | 1 | 100 | | 21.70 | 15.20 | 12.10 | 11.10 | 10.50 | 10.20 | |
| <input type="checkbox"/> PCCA2-SCUST | 2 | 100 | | 32.60 | 23.10 | 19.00 | 17.90 | 17.50 | 17.00 | |
| Laser - Imprinted | | | | 1000 | 2000 | 4000 | 6000 | 8000 | 10000 | Price/M |
| <input type="checkbox"/> PRES1L-CA | 1 | Imprinted | | 205.00 | 161.00 | 140.00 | 132.00 | 129.00 | 125.00 | |

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.

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

Additional features:

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

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)