

HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

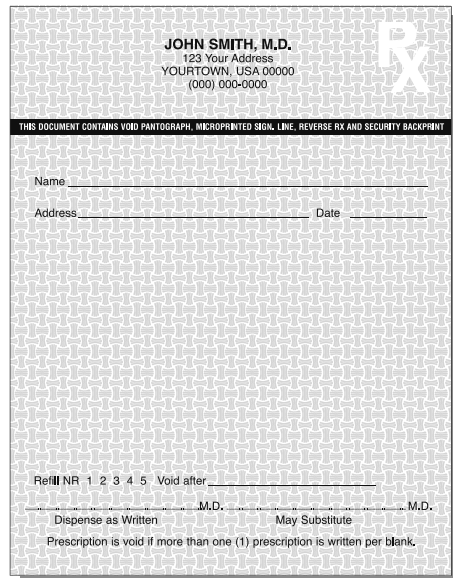
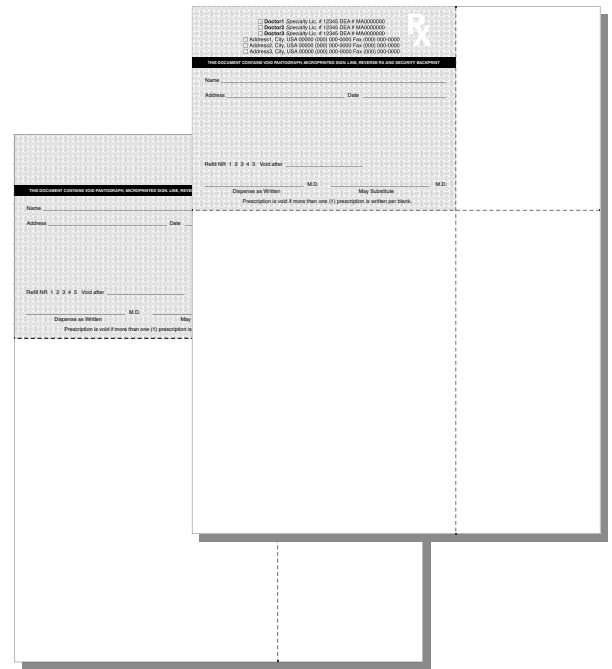
Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- 8 Security Features
- Padded forms available in 1, 2 or 3 part
- Laser Forms - Blank or Imprinted

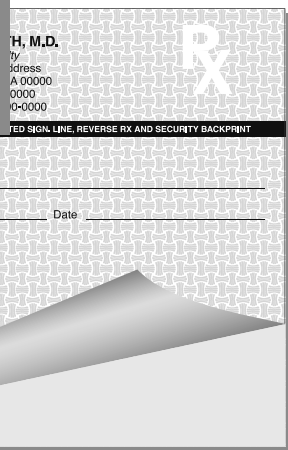
Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Blue void standard (Green optional)
- Numbering
- 1 part padded 100's
- 2 & 3 part padded 50's
- Padded wrap-around cover
- Drilling on part 2

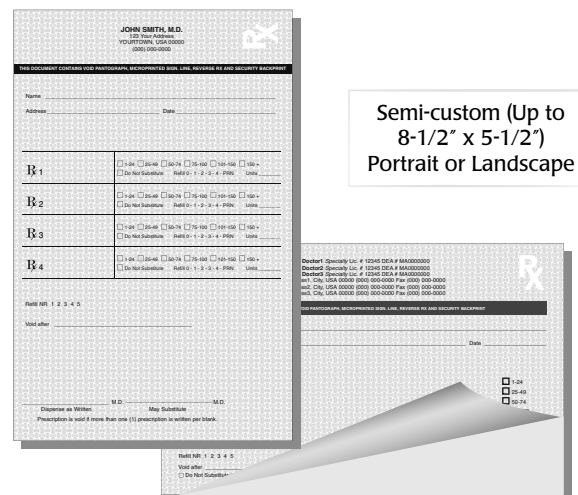
Imprinted or Blank 8-1/2" x 11"



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



Blue or Green Void Pantograph • Security Features Listed • Reverse Rx Symbol • Security Backprint
Microprint Signature Line • SecureRub™ Technology • Invisible Fiber Security • Anti-Copy Watermark™



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-HS1	1	100	15.50	9.10	6.30	4.30	3.90	3.40	3.30	
<input type="checkbox"/> PC4-HS2	2	50	N/A	12.40	7.30	5.30	4.60	4.60	4.20	
<input type="checkbox"/> PC4-HS3	3	50	N/A	21.40	12.50	9.10	7.20	7.20	6.90	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCHS-SCUST	1	100	24.40	14.30	9.60	6.90	6.20	5.90	5.80	
<input type="checkbox"/> PCHS2-SCUST	2	50	N/A	27.00	15.70	12.00	10.20	9.70	9.60	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-HS	1	Imprinted		193.00	143.00	124.00	116.00	114.00	112.00	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRES1L-HS-BK	1	Blank		59.00/lot	75.00	67.00	59.00	53.00	50.00	

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:
 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

Color:
 Blue
 Green

*** 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)