

PRES1L-CA

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - CA Security Backprint
 Includes all CA required features



PRES1L-FL

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Includes all FL required features



JOHN SMITH, M.D.
 123 Your Address
 YOURTOWN, USA 00000
 (000) 000-0000

PR1D10725096114
VOID APPEARS F. CONTOUR, MICROGRAPHIC COLOR BLUE, RESISTS ERASURE & ALTERATION, MICROPRINT SIGN LINE, REVERSE INK & SECURITY BACKPRINT

Name _____
 Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

_____, M.D.
 Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
 Specialty
 123 Your Address
 Yourtown, USA 00000
 (000) 000-0000
 Fax (000) 000-0000

060724172161
THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN LINE, REVERSE INK SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERS, PRINTED ON SAFETY PAPER

Lic. # _____
 DEA # _____

Name _____
 Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____ Units

Void after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

PRES1L-CA

JOHN SMITH, M.D.
 123 Your Address
 YOURTOWN, USA 00000
 (000) 000-0000

Lic. # 00000000 DEA # 00000000

Name _____
 Address _____ Date _____

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

Refill NR 1 2 3 4 5 Void after _____

_____, M.D. _____, M.D.
 Dispense as Written _____ May Substitute _____

Prescription is void if more than one (1) prescription is written per blank.

PRES1L-IN

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - IN Security Backprint
 Includes all IN required features

NAME
 Address
 CITY, STATE, ZIP
 PHONE
 LIC. # 00000000 DEA # _____

Rx

Name _____ Date _____
 Address _____

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

Refill NR 1 2 3 4 5 _____

Prescription is void if more than one (1) prescription is written per blank.



PRES1L-KY

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - KY Security Backprint
 Includes all KY required features



PRES1L-ME

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Includes all ME required features



DEA # _____

NAME
 Address
 CITY, STATE, ZIP
 Telephone

VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS ERASURES & ALTERATIONS, MICROPRINT SIZL 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 _____

SECURE RUB® TAMPER PROOF® SECURE

State of New Jersey
PRESCRIPTION BLANK

PRACTICE NAME
 DOCTOR
 SPECIALTY
 STREET
 CITY STATE ZIP
 PHONE

NPI # _____

LICENSE # _____ DEA # _____
 IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
 AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT _____ D.O.B. _____
 ADDRESS _____ DATE _____

Rx

Substitution Permissible Do Not Substitute

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
 REFILL _____ TIMES

Use a separate form for each controlled substance prescription
 THIS UNCONTROLLED PRESCRIPTION MAY BE USED FOR THIS FORM INCLUDING ACCORDING TO FEDERAL AND STATE LAWS WHERE PERMITTED BY LAW



PRES1L-NJ

Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4" LOF
 Backprinting - NJ Security Backprint
 Includes all NJ required features

PRES1L-WV

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint
Includes all WV required security features



PRES1L-WY

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint
Includes all WY required security features



JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
License # WV00000
DEA # BP0000000

Rx

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____

Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
Lic. # 00000
DEA # 000000000

Rx

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____
Void After _____ Units

Do Not Substitute-Dispense As Written _____ Signature _____

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

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

Rx

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGL LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

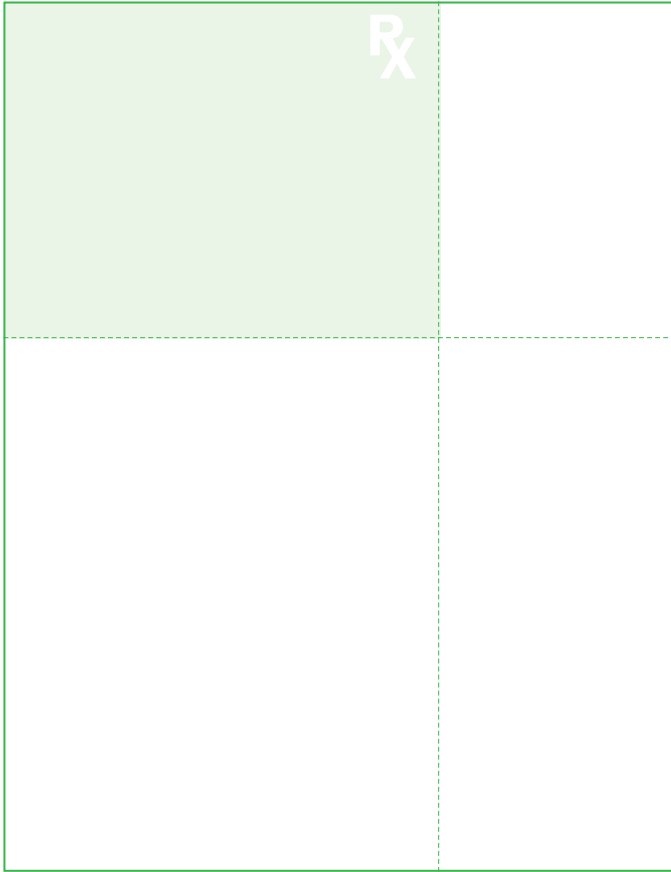
Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____

Prescription is void if more than one (1) prescription is written per blank.

PRES1L-HS

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint



PRES1L-TR


Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4¼" LOF
 Includes all TR required features
 Backprinting - Security Backprint



PRES1L-WA

Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4¼" LOF
 Includes all WA required features
 Backprinting - Security Backprint



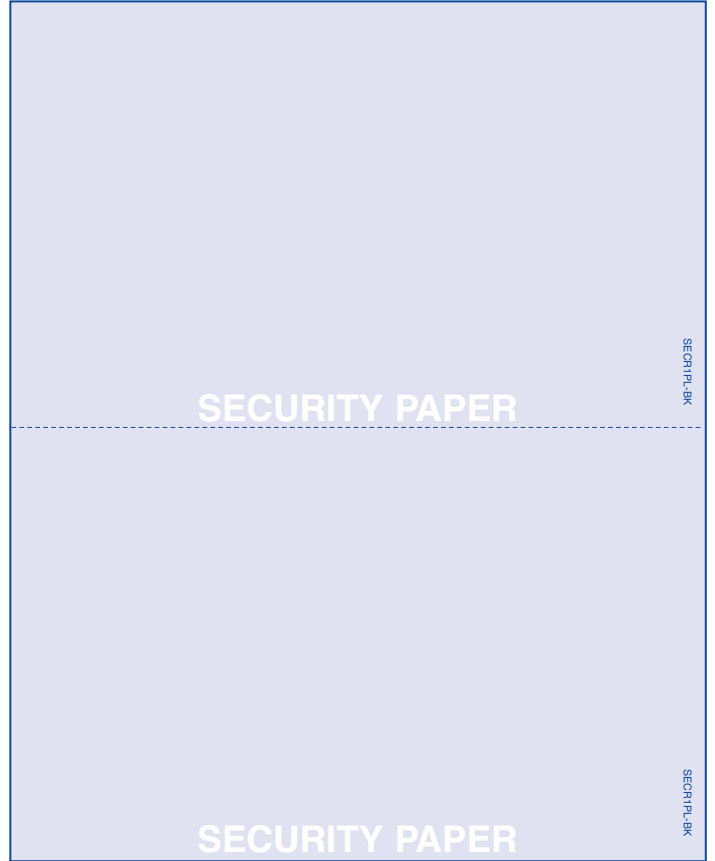
JOHN SMITH, M.D. Speciality 1234 Your Address Yourtown, WA 00000 (000) 000-0000 Fax (000) 000-0000		
Name _____ Address _____ Date _____		
Substitution Permitted _____ Dispense as Written _____		
PR01		

SECR1PL-BK

Overall Size - 8½" X 11"

Horizontal Perf. - 5½" TOF

Backprinting - Security Backprint



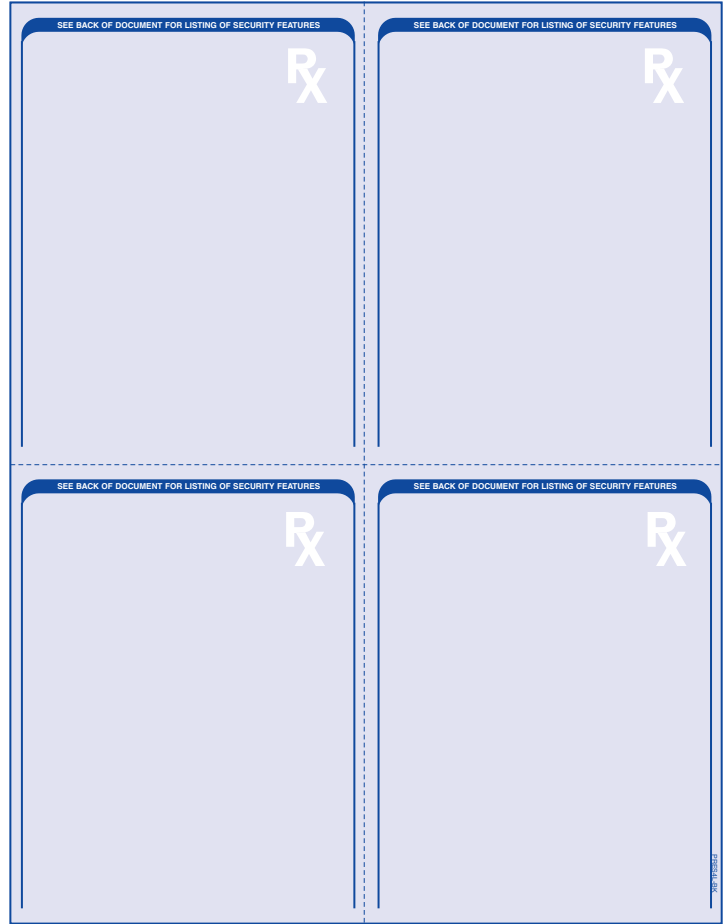
SECR1L-BK

Overall Size - 8½" X 11"

Backprinting - Security Backprint

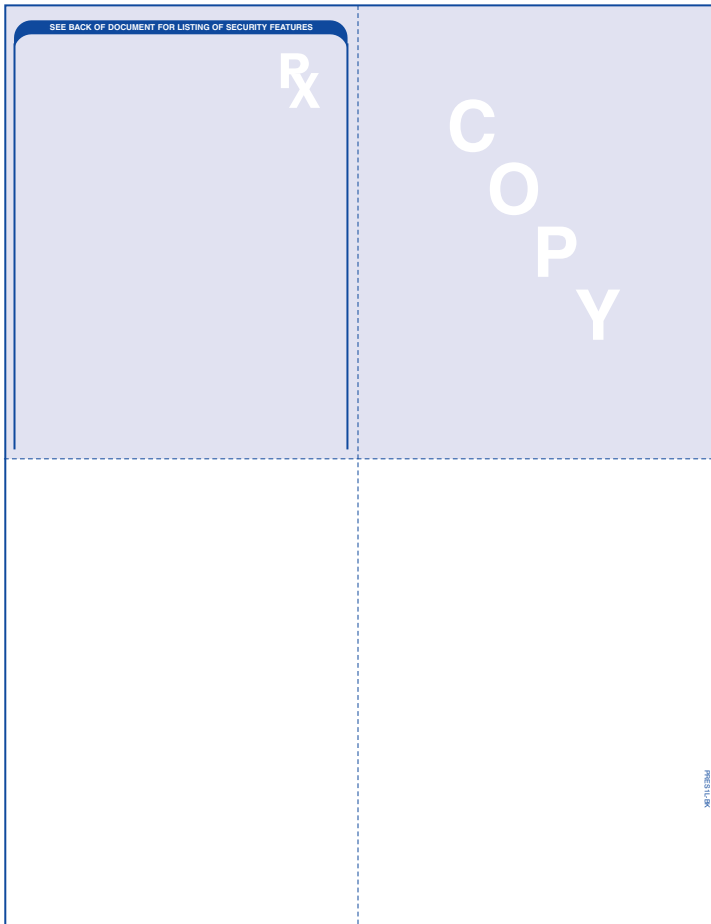
PRES4L-BK

Overall Size - 8½" X 11"
1-Horizontal Perf.
1-Vertical Perf.
Backprinting - Security Backprint



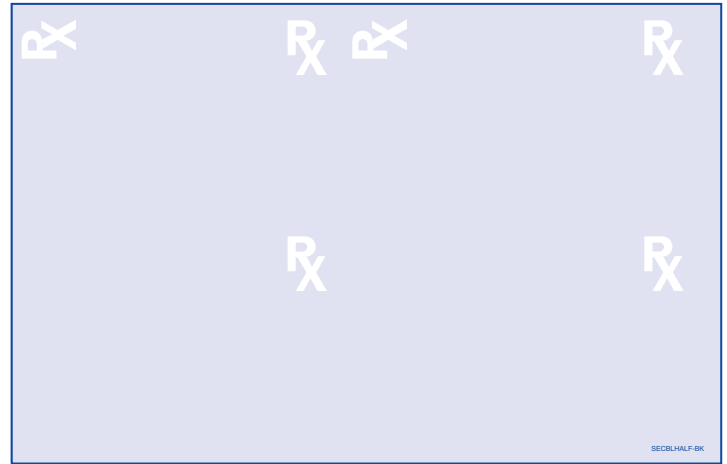
PRES1L-BK

Overall Size - 8½" X 11"
Horizontal Perf. - 5½" TOF
Vertical Perf. - 4¼" LOF
Backprinting - Security Backprint

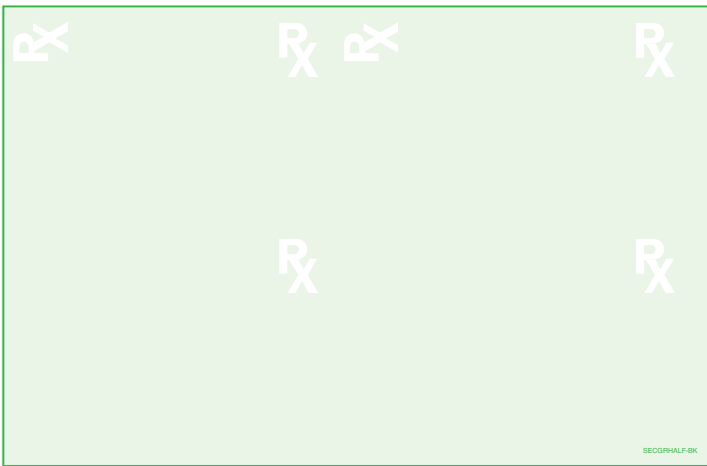


High Security Half Sheet

SECBLHALF-BK (Blue) →
Overall Size - 8½" X 5½"
Backprinting - Security Backprint



← **SECGRHALF-BK (Green)**
Overall Size - 5½" X 8½"
Backprinting - Security Backprint



High Security Quarter Sheet

← **SECGRQTR-BK (Green)**
Overall Size - 5½" X 4¼"
Backprinting - Security Backprint



SECBLQTR-BK (Blue) →
Overall Size - 5½" X 4¼"
Backprinting - Security Backprint

