



P.O. Box 440 • 1434 Progress Lane
 Omro, Wisconsin 54963-0440
 Telephone (920) 685-5662 • Fax (800) 541-5967

*** 1 DOCTOR - ORDER BLANK ***
DELAWARE STANDARD FORMAT
PRESCRIPTION FORM

If Reorder - Prev. Job # _____

ORDER DATE _____ DEALER P.O. _____ CUSTOMER P.O. _____
 DEALER NAME _____ DEALER # _____ SIGNATURE _____
 ADDRESS _____

SHIPPING INFORMATION: _____

STYLE

1 Part PC4-DE Pads of 100
 2 Part PC4-DE2 Pads of 50
 (Second Part with Black copy only)

QUANTITY

- 10 Pads 20 Pads
- 40 Pads 60 Pads
- 80 Pads 120 Pads
- 240 Pads

Starting # _____

LAYOUT

- Landscape Portrait

JOHN SMITH, M.D.
Specialty
 1234 Your Address
 Yourtown, DE 00000
 (000) 000-0000
 Fax (000) 000-0000

#00001 Lic. # 00000
DEA # BC0000000

Name _____ DOB _____

Address _____ Date _____ M/F _____

Circled Items are Optional

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

Spanish

Refill NR 1 2 3 4 5

Void After _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" in the space below.

Substitution Permitted
 Prescription is void if more than one (1) controlled substance is written per blank.

Landscape

Optional Copy

- DOB M/F Spanish Qty. Boxes

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE **DE** ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____ NPI # _____

PHYSICIANS SIGNATURE _____ Security Code _____ (Or Authorized Employee)

- Please provide proof
- Mail Fax _____
- Email _____

ADDITIONAL CHARGE OPTIONS

- Pad in 50's
- Padded Wraparound Cover Stapled Wraparound Cover



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***MULTI DOCTOR / MULTI ADDRESS
ORDER BLANK ***

**DELAWARE STANDARD FORMAT
PRESCRIPTION FORM**

IF REORDER - PREVIOUS JOB # _____

ORDER DATE _____ DEALER P.O. _____ CUSTOMER P.O. _____

DEALER NAME _____ DEALER # _____ SIGNATURE _____

ADDRESS _____

STYLE 1 Part PC4-DE (Pads of 100)
 2 Part PC4-DE2 (Pads of 50)
(Part 2 printed with black copy only)

QUANTITY 10 Pads 20 Pads 40 Pads 60 Pads
(Pads of 100) 80 Pads 120 Pads 240 Pads

Starting # _____

LAYOUT Landscape Portrait

Optional Copy

DOB M/F Spanish Qty. Boxes

SHIPPING INFORMATION:

PRACTICE NAME _____

DOC. 1 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 2 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 3 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 4 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

ADDRESS 1 _____

CITY 1 _____ STATE 1 DE ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 DE ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 DE ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 DE ZIP 4 _____

PHONE 4 _____ FAX 4 _____

Please provide proof
 Mail Fax _____
 Email _____

ADDITIONAL CHARGE OPTIONS

Pad in 50's
 Padded Wraparound Cover Stapled Wraparound Cover

MAXIMUM OF 5 LINES