

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

*** ORDER BLANK***
FLORIDA STANDARD FORMAT
PRESCRIPTION FORM

STANDARD FORMAT FLORIDA PRESCRIPTION FORMS

Standard Security Features: Void Pantograph, Security Features Listed in Security Border on Face, Security Backprinting, Reverse Rx on Top Right Corner, Batch Number, Microprint Signature Lines, License Number Verification Required.

- STYLE
- 1 Part PC4-FL (Pads of 100)
 - 2 Part PC4-FL2 (Pads of 100)
(Second Part Blank)

- QUANTITY
- 10 Pads
 - 20 Pads
 - 30 Pads
 - 40 Pads
 - 60 Pads
 - 80 Pads
 - 120 Pads
 - 240 Pads
- Custom Formats Available

NAME
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

PRI010725096114

VOID APPEARS IF COPIED, BACKGROUND COLOR BLUE, RESISTS ERASURE & ALTERATIONS, MICROPRINT SIGN. LINE, REVERSE RX & SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

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

(Size 5-1/2" x 4-1/4") Base Copy Reflex Blue - Imprint Information Blue

*PRACTICE NAME _____
*PHYSICIAN NAME _____
SPECIALTY _____
*ADDRESS _____
*CITY _____ *STATE _____ *ZIP _____
PHONE _____
DEA # _____ *LICENSE # _____
*PHYSICIANS SIGNATURE _____ (Or Authorized Employee)
*Required Fields

COMPLETE INFORMATION REQUIRED BEFORE ORDER WILL BE ENTERED.

Optional Features Available at Additional Charge.

Consecutive numbering, padding in 50's, drilling of part 2, backprinting part 1 or part 2 and print face part 2, stapled wraparound cover.