

DEALER # _____

DEALER NAME _____

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____

*** ORDER BLANK***

**HIGH SECURITY STANDARD FORMAT
PRESCRIPTION FORM**

STANDARD FORMAT "NON MANDATED STATES" 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.

STYLE

- 1 Part PC4-HS-1 (Pads of 100) with padded wraparound cover
- 2 Part PC4-HS-2 (Pads of 50) with padded wraparound cover
Second part printed face with "Duplicate Copy"

QUANTITY

- 10 Pads
 - 20 Pads
 - 40 Pads
 - 80 Pads
 - 120 Pads
 - 240 Pads
- 3 Part & Custom Styles Available

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

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

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ May Substitute _____
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 (No P.O. Box Allowed) _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DEA # _____ LICENSE # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

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.