

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

*** ORDER BLANK***

**INDIANA STANDARD FORMAT
PRESCRIPTION FORM**

STANDARD FORMAT INDIANA PRESCRIPTION FORMS

Standard Security Features: Void Pantograph, Security Backprinting, Reverse Rx on Top Right Corner.

- STYLE
- 1 Part PC4-IN (Pads of 50)
 - 2 Part PC4-IN2 (Pads of 50)
Second Part Printed Face
with "Duplicate Copy"

- QUANTITY
- 10 Pads
 - 20 Pads
 - 40 Pads
 - 60 Pads
 - 80 Pads
 - 120 Pads
 - 240 Pads
- Available with "M.D." after
Signature Lines

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

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 _____

_____ 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 _____
*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 100's, drilling of part 2, backprinting part 1 or part 2,
stapled wraparound cover.