

DEALER # _____

DEALER NAME _____

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____

*** ORDER BLANK***

**KENTUCKY STANDARD FORMAT
PRESCRIPTION FORM**

STANDARD FORMAT KENTUCKY PRESCRIPTION FORMS

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

STYLE

1 Part PC4-KY (Pads of 100)

2 Part PC4-KY2 (Pads of 100)
(Second Part Blank)

QUANTITY

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

The image shows the back of the prescription form with a green security pattern. At the top right is a large 'Rx' symbol. In the center, there are fields for 'NAME', 'Address', 'CITY, STATE, ZIP', and 'PHONE'. Below these are fields for 'LIC. # 00000000' and 'DEA #'. A horizontal line separates this section from the main form area. Below the line, there are fields for 'Name', 'Address', and 'Date'. To the right of the 'Date' field is a list of checkboxes for quantity ranges: 1-24, 25-49, 50-74, 75-100, 101-150, and 151 and over. At the bottom left, there is a 'Refill NR' field with options 1, 2, 3, 4, 5. At the bottom center, there is a note: 'Prescription is void if more than one (1) prescription is written per blank.'

(Size 5-1/2" x 4-1/4") Base Copy Pantone Green - Imprint Information Black

*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.

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