

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

*** ORDER BLANK***
MAINE STANDARD FORMAT
PRESCRIPTION FORM

STANDARD FORMAT MAINE PRESCRIPTION FORMS

Standard Security Features: Void Pantograph, One Prescription Per Form Indication, Security Backprinting, Thermochromatic Ink Feature, Microprint Signature Line.

- STYLE
- 1 Part PC4-ME (Pads of 100)
- 2 Part PC4-ME2 (Pads of 100)
(Second Part Blank)
- QUANTITY
- 10 Pads
- 20 Pads
- 40 Pads
- 60 Pads
- 80 Pads
- 120 Pads
- 240 Pads

DEA # _____

NAME
Address
CITY, STATE, ZIP
Telephone

VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS ERASURES & ALTERATIONS, MICROPRINT SIGN. LINE & SECURITY BACKPRINT

Name _____ Date _____

Address _____

Rx

Refill NR 1 2 3 4 5 Void After _____

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (✓) has been handwritten in the box in the right-hand lower corner.

Signature _____

SECURE RUB™ TAMPER PROOF SECURE

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

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