



P.O. Box 440 • 1434 Progress Lane
 Omro, Wisconsin 54963-0440
 Telephone (920) 685-5662 • Fax (800) 541-5967

*** 1 DOCTOR - ORDER BLANK ***
WASHINGTON STANDARD FORMAT
PRESCRIPTION FORM

If Reorder - Prev. Job # _____

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

SHIPPING INFORMATION: _____

STYLE

- 1 Part PC4-WA
- 2 Part PC4-WA2
(Second Part Blank)

QUANTITY

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

JOHN SMITH, M.D.
Specialty
 1234 Your Address
 Youtown, WA 00000
 (000) 000-0000
 Fax (000) 000-0000

COPY/FAX APPEARS IF COPIED, MICROPRINT SIGN. LINE, SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, PRINTED ON SAFETY PAPER

Name _____ DOB _____

Address _____ Date _____ M/F _____

Rx

Circled Items are Optional

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 Units

Spanish

Refill NR 1 2 3 4 5 Void After _____

Substitution Permitted Dispense as Written

Prescription is void if the number of drugs prescribed is not noted

Optional Copy

- DOB M/F Spanish Refill Void After Qty. Boxes
- Prescription is void if more than one (1) controlled substance is written per blank.
- _____ Prescription is void if the number of drugs prescribed is not noted.

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME _____
 PHYSICIAN NAME _____
 SPECIALTY _____
 ADDRESS (No P.O. Box Allowed) _____
 CITY _____ STATE **WA** ZIP _____
 PHONE _____ FAX _____
 DEA # _____ LICENSE # _____ NPI # _____
 PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

- Please provide proof
 - Mail Fax _____
 - Email _____

ADDITIONAL CHARGE OPTIONS

- Imprint Part 2 Pad in 50's Numbering _____
- Padded Wraparound Cover Stapled Wraparound Cover

Start Number



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***MULTI DOCTOR / MULTI ADDRESS
ORDER BLANK ***

**WASHINGTON STANDARD FORMAT
PRESCRIPTION FORM**

IF REORDER - PREVIOUS JOB # _____

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

DEALER NAME _____ DEALER # _____ SIGNATURE _____

ADDRESS _____

STYLE 1 Part PC4-WA 2 Part PC4-WA2
(Second Part Blank)
QUANTITY 10 Pads 20 Pads 40 Pads 60 Pads
(Pads of 100) 80 Pads 120 Pads 240 Pads

SHIPPING INFORMATION:

Optional Copy

- DOB M/F Spanish Refill Void After Qty. Boxes
- Prescription is void if more than one (1) controlled substance is written per blank.
- _____ Prescription is void if the number of drugs prescribed is not noted.

PRACTICE NAME _____

DOC. 1 _____ SPECIALTY _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 2 _____ SPECIALTY _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 3 _____ SPECIALTY _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 4 _____ SPECIALTY _____

DEA # _____ LICENSE # _____ NPI # _____

ADDRESS 1 _____

CITY 1 _____ STATE 1 **WA** ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 **WA** ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 **WA** ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 **WA** ZIP 4 _____

PHONE 4 _____ FAX 4 _____

MAXIMUM OF 5 LINES

- Please provide proof
- Mail Fax _____
- Email _____

ADDITIONAL CHARGE OPTIONS

- Imprint Part 2 Pad in 50's Numbering _____
- Padded Wraparound Cover Stapled Wraparound Cover

Start Number