

DEALER # _____

*** ORDER BLANK***

DEALER NAME _____

**WYOMING SEMI-CUSTOM FORMAT
PRESCRIPTION FORM**

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____

STANDARD FORMAT WYOMING PRESCRIPTION FORMS

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

STYLE

- 1 Part PCWY-SCUST
- 2 Part PCWY2-SCUST
(Second Part Blank)

Size (Max. 8½ x 5½) _____
Landscape or Portrait

QUANTITY

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



Optional Copy

- DOB M/F Spanish Refill Void After Do Not Substitute 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 & DEA CERTIFICATE IS REQUIRED BEFORE ORDER WILL BE ENTERED.

MAXIMUM OF 5 LINES

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____ Do Not Print On Form

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE **WY** ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

- Please provide proof
 - Mail Fax _____
 - Email _____

ADDITIONAL CHARGE OPTIONS

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