

PRES1L-CA

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - CA Security Backprint
Includes all CA required features



PRES1L-FL

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Includes all FL required features



JOHN SMITH, M.D.
Specialty
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

Rx

PR10107252086114
VOID APPEARS F. COPPER, BACKGROUND COLOR BLUE, RESISTS ERASURE & ALTERATION, MICROPRINT SIGN LINE, REVERSE INK & SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

_____, M.D.
Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, USA 00000
(000) 000-0000
Fax (000) 000-0000

Lic. # _____
DEA # _____

060724172161
THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN LINE, REVERSE INK SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERS, PRINTED ON SAFETY PAPER

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____ Units

Void after _____
 Do Not Substitute-Dispense As Written _____ Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

PRES1L-CA

JOHN SMITH, M.D.
Specialty
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

Lic. # 00000000 DEA # 00000000

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 _____

_____, M.D. _____, M.D.
Dispense as Written _____ May Substitute _____

Prescription is void if more than one (1) prescription is written per blank.

PRES1L-IN

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - IN Security Backprint
Includes all IN required features

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

Rx

Name _____ Date _____
 Address _____

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

Refill NR 1 2 3 4 5 _____

Prescription is void if more than one (1) prescription is written per blank.



PRES1L-KY

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - KY Security Backprint
 Includes all KY required features



PRES1L-ME

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Includes all ME required features



DEA # _____

NAME
 Address
 CITY, STATE, ZIP
 Telephone

VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS ERASURES & ALTERATIONS, MICROPRINT SINK 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

State of New Jersey
PRESCRIPTION BLANK

FACILITY NAME
 DOCTOR
 SPECIALTY
 STREET
 CITY STATE ZIP
 PHONE LIC. #
 DEA #
 BATCH #

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
 AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT _____ D.O.B. _____
 ADDRESS _____ DATE _____

Rx

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
 REFILL _____ TIMES

Small NJ logo's are not shown



PRES1L-NJ

Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4" LOF
 Backprinting - NJ Security Backprint
 Includes all NJ required features

PRES1L-WV

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint
Includes all WV required security features



PRES1L-WY

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint
Includes all WY required security features



JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
License # WV00000
DEA # BP0000000

Rx

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____

Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
Lic. # 00000
DEA # 000000000

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 _____ Units _____

Do Not Substitute-Dispense As Written _____ Signature _____

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

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

Rx

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGL. LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

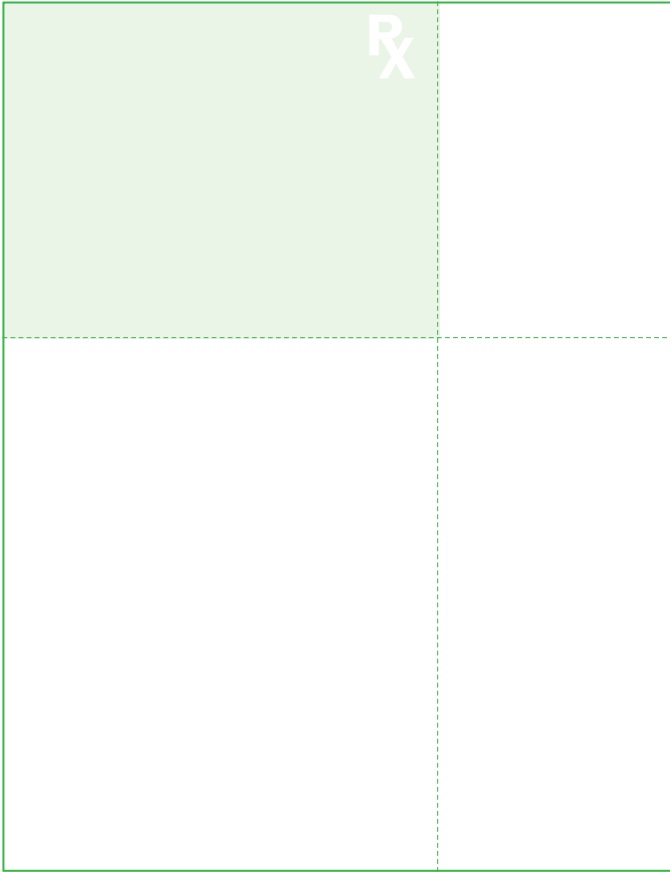
Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____

Prescription is void if more than one (1) prescription is written per blank.

PRES1L-HS

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - Security Backprint



PRES1L-TR


Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4¼" LOF
 Includes all TR required features
 Backprinting - Security Backprint



PRES1L-WA

Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4¼" LOF
 Includes all WA required features
 Backprinting - Security Backprint



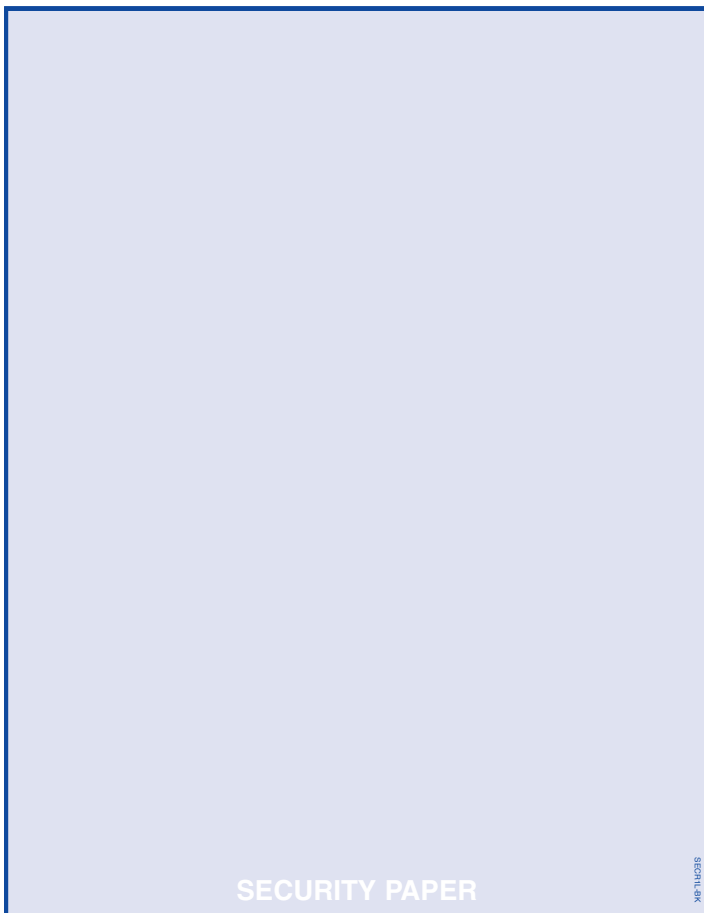
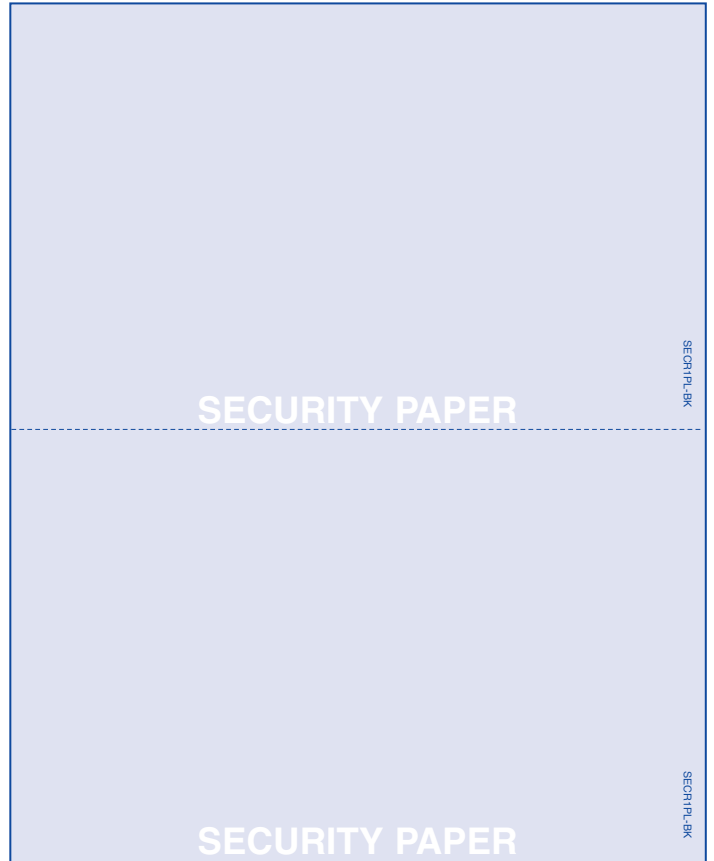
JOHN SMITH, M.D. Speciality 1234 Your Address Yourtown, WA 00000 (000) 000-0000 Fax (000) 000-0000		
Name _____ Address _____ Date _____		
Substitution Permitted _____ Dispense as Written _____		
PR01		

SECR1PL-BK

Overall Size - 8½" X 11"

Horizontal Perf. - 5½" TOF

Backprinting - Security Backprint



SECR1L-BK

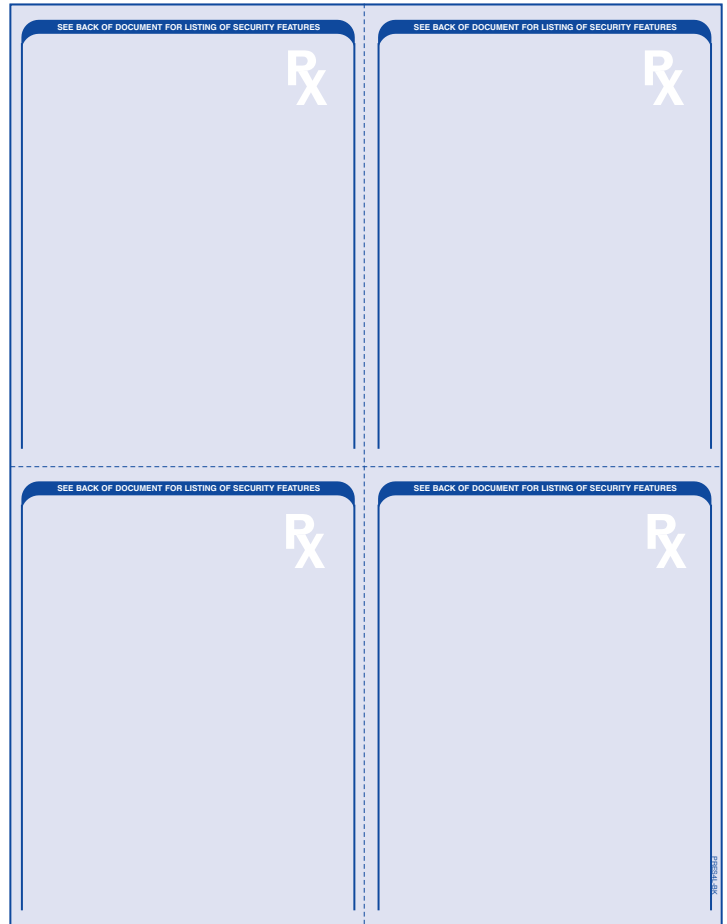
Overall Size - 8½" X 11"

Backprinting - Security Backprint



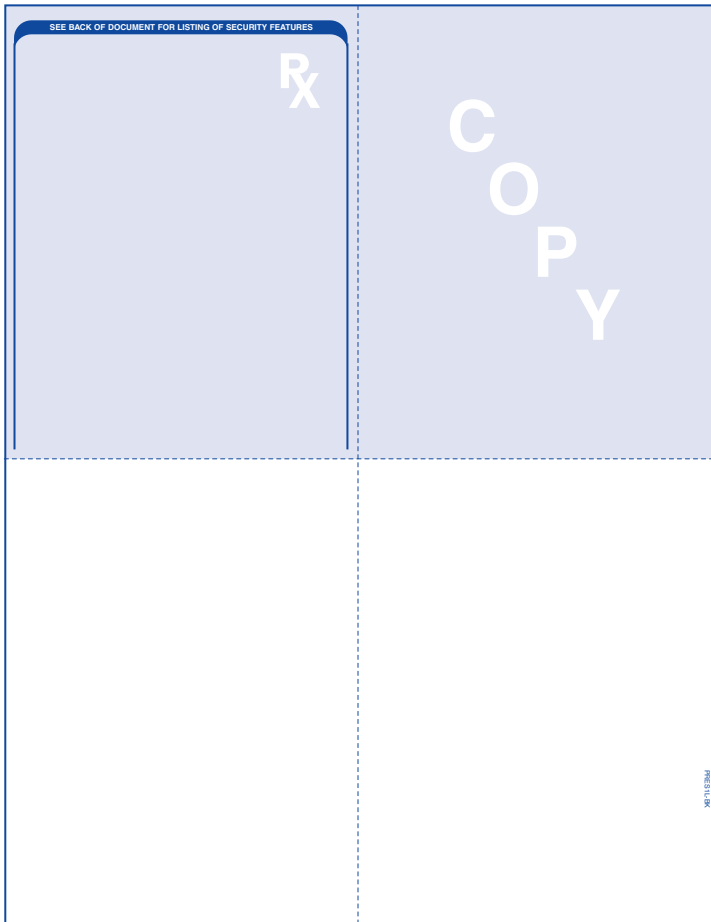
PRES4L-BK

Overall Size - 8½" X 11"
1-Horizontal Perf.
1-Vertical Perf.
Backprinting - Security Backprint



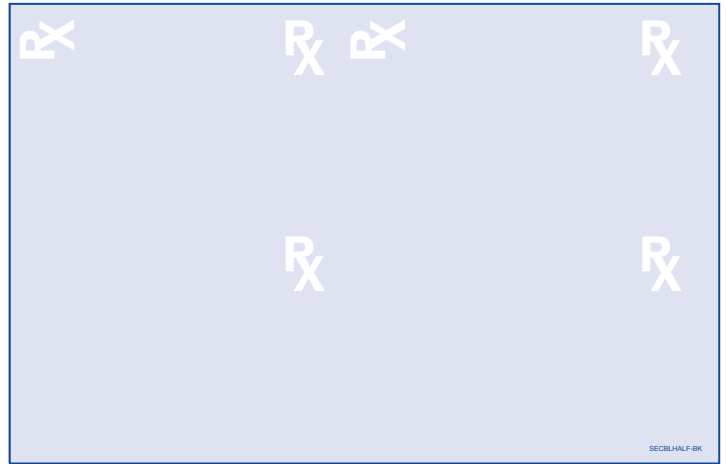
PRES1L-BK

Overall Size - 8½" X 11"
Horizontal Perf. - 5½" TOF
Vertical Perf. - 4¼" LOF
Backprinting - Security Backprint

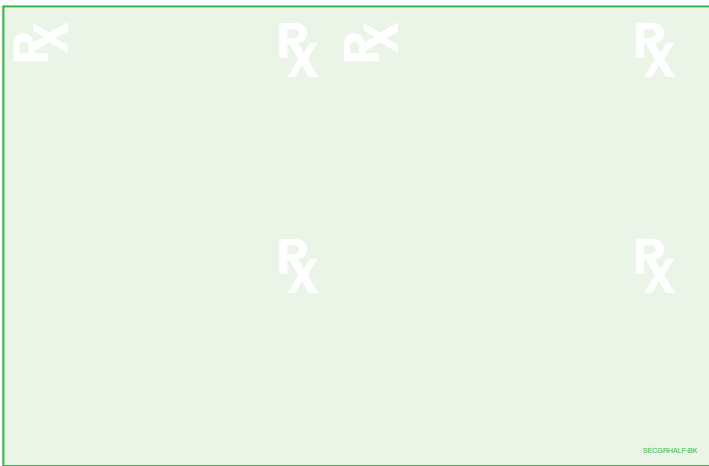


High Security Half Sheet

SECBLHALF-BK (Blue) →
Overall Size - 8½" X 5½"
Backprinting - Security Backprint



← **SECGRHALF-BK (Green)**
Overall Size - 5½" X 8½"
Backprinting - Security Backprint



High Security Quarter Sheet

← **SECGRQTR-BK (Green)**
Overall Size - 5½" X 4¼"
Backprinting - Security Backprint



SECBLQTR-BK (Blue) →
Overall Size - 5½" X 4¼"
Backprinting - Security Backprint

