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

* 1 DOCTOR - ORDER BLANK *

GEORGIA STANDARD FORMAT PRESCRIPTION FORM

Start # 00001

If Reorder - Prev. Job #____________ ☐ Proof Requested

ORDER DATE _______________ DEALER P.O. _______________ CUSTOMER P.O. _______________

DEALER NAME _________________________ DEALER #_______ SIGNATURE _______________

ADDRESS ____

SHIPPING INFORMATION: ____

____

____

STYLE

❑ 1 Part PC4-GA

❑ 2 Part PC4-GA2

(Second Part Blank)

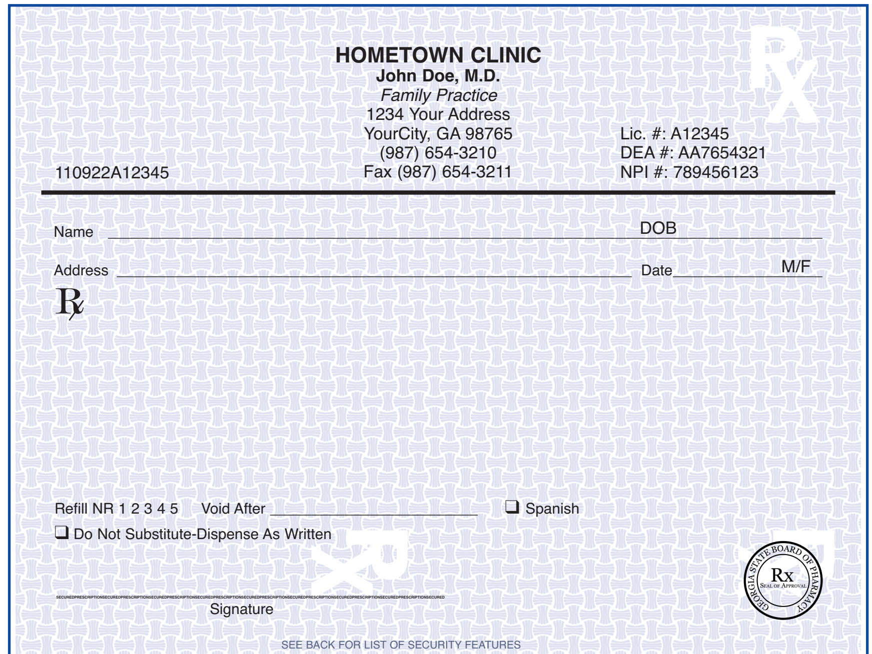
QUANTITY

❑ 10 Pads ❑ 20 Pads

❑ 40 Pads ❑ 60 Pads

❑ 80 Pads ❑ 120 Pads

❑ 240 Pads



HOMETOWN CLINIC
John Doe, M.D.
Family Practice
1234 Your Address
YourCity, GA 98765
(987) 654-3210
Fax (987) 654-3211

110922A12345

Lic. #: A12345
DEA #: AA7654321
NPI #: 789456123

Name ____________________ DOB ______

Address ____________________ Date ______ M/F

℞

Refill NR 1 2 3 4 5 Void After ____________ ❑ Spanish

❑ Do Not Substitute-Dispense As Written

Signature

SEE BACK FOR LIST OF SECURITY FEATURES

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 GA 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

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

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

*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

GEORGIA STANDARD FORMAT PRESCRIPTION FORM

Start # 00001

If Reorder - Prev. Job #___________ ☐ Proof Requested

ORDER DATE ________________ DEALER P.O. __________________ CUSTOMER P.O. __________________

DEALER NAME ____________________________ DEALER #_______ SIGNATURE ____________________

ADDRESS ____

STYLE ❑ 1 Part PC4-GA ❑ 2 Part PC4-GA2 (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 # ____________________

MAXIMUM OF 5 LINES

ADDRESS 1 ____

CITY 1 ______________________________________ STATE 1 GA ZIP 1 ____________

PHONE 1 ____________________________ FAX 1 ____________________________

ADDRESS 2 ____

CITY 2 ______________________________________ STATE 2 GA ZIP 2 ____________

PHONE 2 ____________________________ FAX 2 ____________________________

ADDRESS 3 ____

CITY 3 ______________________________________ STATE 3 GA ZIP 3 ____________

PHONE 3 ____________________________ FAX 3 ____________________________

ADDRESS 4 ____

CITY 4 ______________________________________ STATE 4 GA ZIP 4 ____________

PHONE 4 ____________________________ FAX 4 ____________________________

☐ Please provide proof

☐ Mail ☐ Fax ______________________

☐ Email ___________________________

ADDITIONAL CHARGE OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover