

DEALER # _____

DEALER NAME _____

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____ IF REORDER - PREV. JOB # _____ PROOF REQUESTED

*** ORDER BLANK***

**INDIANA STANDARD FORMAT
PRESCRIPTION FORM**

STANDARD FORMAT INDIANA PRESCRIPTION FORMS

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


STYLE

- 1 Part PC4-IN (Pads of 50)
- 2 Part PC4-IN2 (Pads of 50)
Second Part Printed Face
with "Duplicate Copy"

QUANTITY

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

Available with "M.D." after
Signature Lines



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

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____

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

May Substitute _____

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

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

*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 100's, drilling of part 2, backprinting part 1 or part 2,
stapled wraparound cover.