DEALER #	* (	ORDER BLANK*	
DEALER NAME	MAINE STANDARD FORMAT		
DEALER P.O	PRE	PRESCRIPTION FORM	
CUSTOMER P.O.			
ORDER DATE	IF REORDER - PREV. JOB #	PROOF REQUESTED	
STANDA	ARD FORMAT MAINE PRESCRIPTIO	IN FORMS	
Standard Security Features:	<ul> <li>Void Pantograph, One Prescripto</li> <li>Ink Feature, Microprint Signature Lin</li> </ul>	n Per Form Indication, Security	
STYLE	DEA# NAI Addr	ess ATE, ZIP	
☐ 1 Part PC4-ME (Pads of 100)	VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS ERASURES		
2 Part PC4-ME2 (Pads of 100) (Second Part Blank)  QUANTITY  10 Pads 20 Pads 40 Pads 60 Pads 60 Pads 120 Pads 120 Pads	Name Address Refill NR 1 2 3 4 5 Void After above in dispense the Unite	g which is the generic or chemical equivalent of the drug specified this prescription may be dispensed provided that the drug ed is listed in the current edition of either the National Formulary or ed States Pharmacopoeia and provided that no check mark (//) has indivitten in the box in the right-hand lower corner.	
*PRACTICE NAME			
	*STATE		
PHONE			
	 LICENSE #		

## COMPLETE INFORMATION REQUIRED BEFORE ORDER WILL BE ENTERED. <u>Optional Features Available at Additional Charge.</u>

Consecutive numbering, padding in 50's, drilling of part 2, backprinting part 1 or part 2 and print face part 2, stapled wraparound cover.