

DEALER # \_\_\_\_\_

DEALER NAME \_\_\_\_\_

DEALER P.O. \_\_\_\_\_

CUSTOMER P.O. \_\_\_\_\_

ORDER DATE \_\_\_\_\_ IF REORDER - PREV. JOB # \_\_\_\_\_  PROOF REQUESTED

**\* ORDER BLANK\***

**MAINE STANDARD FORMAT  
PRESCRIPTION FORM**

**STANDARD FORMAT MAINE PRESCRIPTION FORMS**

**Standard Security Features:** Void Pantograph, One Prescription Per Form Indication, Security Backprinting, Thermochromatic Ink Feature, Microprint Signature Line.

STYLE

- 1 Part PC4-ME (Pads of 100)
- 2 Part PC4-ME2 (Pads of 100)  
(Second Part Blank)

QUANTITY

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

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

\*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 50's, drilling of part 2, backprinting part 1 or part 2 and print face part 2, stapled wraparound cover.