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

* 1 DOCTOR - ORDER BLANK *

WASHINGTON STANDARD FORMAT PRESCRIPTION FORM

IF REORDER - PREV. JOB #__________ ☐ PROOF REQUESTED

ORDER DATE __________ DEALER P.O. __________ CUSTOMER P.O. __________

DEALER NAME __________ DEALER #______ SIGNATURE __________

ADDRESS __________

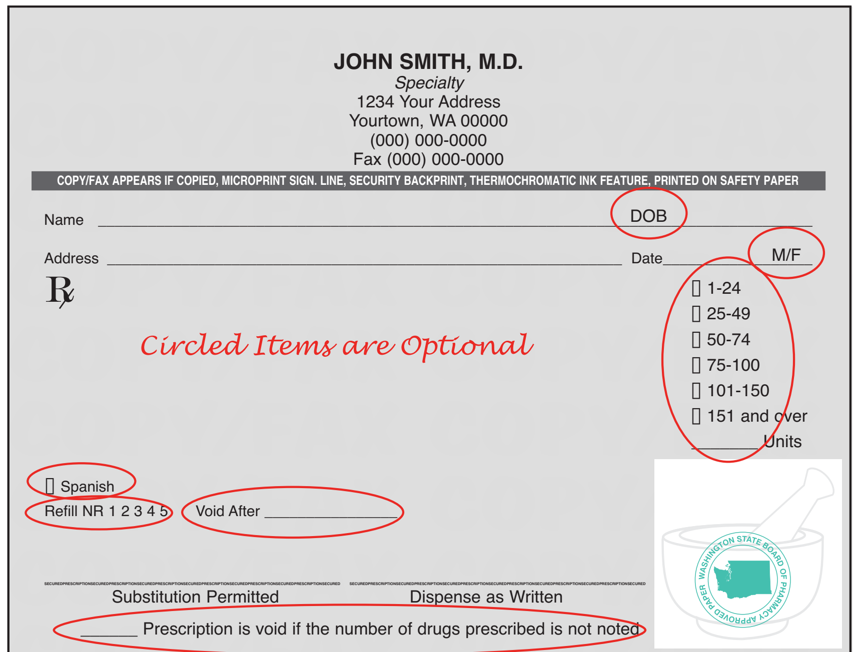
SHIPPING INFORMATION: __________

STYLE

❑ 1 Part PC4-WA
❑ 2 Part PC4-WA2
(Second Part Blank)

QUANTITY

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


JOHN SMITH, M.D.
Specialty
1234 Your Address
Yourtown, WA 00000
(000) 000-0000
Fax (000) 000-0000

COPY/FAX APPEARS IF COPIED, MICROPRINT SIGN. LINE, SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, PRINTED ON SAFETY PAPER

Name __________ DOB ______
Address __________ Date______ M/F

℞

Circled Items are Optional

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

☐ Spanish
Refill NR 1 2 3 4 5 Void After ______

Substitution Permitted Dispense as Written

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

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 WA 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 ☐ Numbering ______ Start Number
☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

Printco Incorporated
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 *

WASHINGTON STANDARD FORMAT PRESCRIPTION FORM

IF REORDER - PREVIOUS JOB #__________ ☐ PROOF REQUESTED

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

DEALER NAME __________________________ DEALER #______ SIGNATURE ______________________

ADDRESS ____

STYLE ▯ 1 Part PC4-WA ▯ 2 Part PC4-WA2 (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 WA ZIP 1 __________

PHONE 1 ______________________ FAX 1 ______________________

ADDRESS 2 ____

CITY 2 ______________________________ STATE 2 WA ZIP 2 __________

PHONE 2 ______________________ FAX 2 ______________________

ADDRESS 3 ____

CITY 3 ______________________________ STATE 3 WA ZIP 3 __________

PHONE 3 ______________________ FAX 3 ______________________

ADDRESS 4 ____

CITY 4 ______________________________ STATE 4 WA ZIP 4 __________

PHONE 4 ______________________ FAX 4 ______________________

☐ Please provide proof

☐ Mail ☐ Fax ____________________

☐ Email ____________________

ADDITIONAL CHARGE OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's ☐ Numbering __________ (Start Number)

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover