

HIGH SECURITY

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- 8 Security Features
- Padded forms available in 1, 2 or 3 part
- Laser Forms - Blank or Imprinted

Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Blue void standard (Green optional)
- Numbering
- 1 part padded 100's
- 2 & 3 part padded 50's
- Padded wrap-around cover
- Drilling on part 2

Imprinted or Blank 8-1/2" x 11"

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____
Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

Standard 5-1/2" x 4-1/4"
Landscape or Portrait

H, M.D.
123 Your Address
A 00000
0000
0-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Semi-custom (Up to
8-1/2" x 5-1/2")
Portrait or Landscape

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN, LINE, REVERSE RX AND SECURITY BACKPRINT

Name _____
Address _____ Date _____

R 1 See See See See See
 Do Not Substitute Rate = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

R 2 See See See See See
 Do Not Substitute Rate = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

R 3 See See See See See
 Do Not Substitute Rate = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

R 4 See See See See See
 Do Not Substitute Rate = 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

Refill NR 1 2 3 4 5
Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
Prescription is void if more than one (1) prescription is written per blank.

Refill NR 1 2 3 4 5
Void after _____
 Do Not Substitute _____

Version 19.1

Blue or Green Void Pantograph • Security Features Listed • Reverse Rx Symbol • Security Backprint
Microprint Signature Line • SecureRub™ Technology • Invisible Fiber Security • Anti-Copy Watermark™



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										Price/Pad
<input type="checkbox"/> PC4-HS1	1	100	16.80	9.90	6.80	4.70	4.30	3.80	3.70	
<input type="checkbox"/> PC4-HS2	2	50	N/A	13.50	7.95	5.80	4.95	4.95	4.55	
<input type="checkbox"/> PC4-HS3	3	50	N/A	23.20	13.90	10.10	8.00	8.00	7.70	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCHS-SCUST	1	100	26.50	15.60	10.50	7.60	6.70	6.40	6.30	
<input type="checkbox"/> PCHS2-SCUST	2	50	N/A	29.90	17.40	13.30	11.30	10.70	10.60	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRESIL-HS	1	Imprinted		210.00	156.00	135.00	126.00	124.00	122.00	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRESIL-HS-BK	1	Blank		64.00/lot	82.00	73.00	64.00	58.00	55.00	

Style: Landscape Portrait
Parts: 1 Part 2 Part 3 Part
Quantity: 10 Pads 20 Pads 40 Pads 60 Pads 80 Pads 120 Pads
Laser Quantity: Imprinted 1000 2000 4000 6000 8000 10000
Blank 500 1000 2500 5000 10000 25000
Start Number: _____
Purchase Order # (if required) _____

Additional features:
 2nd part printing
 padded in 50's
 backprinting
 numbering
 drilling on part 2
Color:
 Blue
 Green

Practice Information
Practice: _____
Physician's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
License #: _____ DEA #: _____
NPI #: _____
Specialty: _____ Phone #: _____
Shipping address if different than above
Address: _____
Physician's Signature _____ (Required)

Prices: (Add \$30 for Logo)
 Please send me your catalog