

# TAMPER RESISTANT

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all Tamper Resistant required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted

### Additional features include: (optional)

- Printing on part 2 available
- Custom backprinting
- Numbering
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

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

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

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



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
<b>Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4-TR	1	100	17.40	10.20	7.00	5.40	4.90	4.60	4.50	
<input type="checkbox"/> PC4-TR2	2	100	24.00	14.20	10.30	8.60	8.30	8.00	7.90	
<input type="checkbox"/> PC4-TR3	3	50	N/A	19.10	12.90	11.00	10.30	10.00	9.80	
<b>Semi Custom Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PCTR-SCUST	1	100	36.20	21.30	15.00	12.00	11.00	10.50	10.10	
<input type="checkbox"/> PCTR2-SCUST	2	100	54.30	32.00	22.70	18.70	17.70	17.10	16.70	
<b>Laser - Imprinted</b>				<b>1000</b>	<b>2000</b>	<b>4000</b>	<b>6000</b>	<b>8000</b>	<b>10000</b>	<b>Price/M</b>
<input type="checkbox"/> PRES1L-TR	1	Imprinted		210.00	156.00	135.00	126.00	124.00	122.00	
<b>Laser - Stock</b>				<b>500</b>	<b>1000</b>	<b>2500</b>	<b>5000</b>	<b>10000</b>	<b>25000</b>	<b>Price/M</b>
<input type="checkbox"/> PRES1L-TR-BK	1	Blank		65.50/lot	76.00	68.00	60.00	54.00	50.00	

**Style:**  Landscape  
 Portrait  
**Parts:**  1 Part  2 Part  3 Part  
**Quantity:**  10 Pads  20 Pads  
 40 Pads  60 Pads  
 80 Pads  120 Pads

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

**Laser Quantity:**  
 Imprinted  1000  2000  4000  6000  8000  10000  
 Blank  500  1000  2500  5000  10000  25000

**Start Number:** \_\_\_\_\_

**Purchase Order # (if required)** \_\_\_\_\_

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

**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)