Wilmer®
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# * 1 DOCTOR - ORDER BLANK *
## *CALIFORNIA STANDARD FORMAT PRESCRIPTION FORM*

Start # is Always #000001
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-CA**

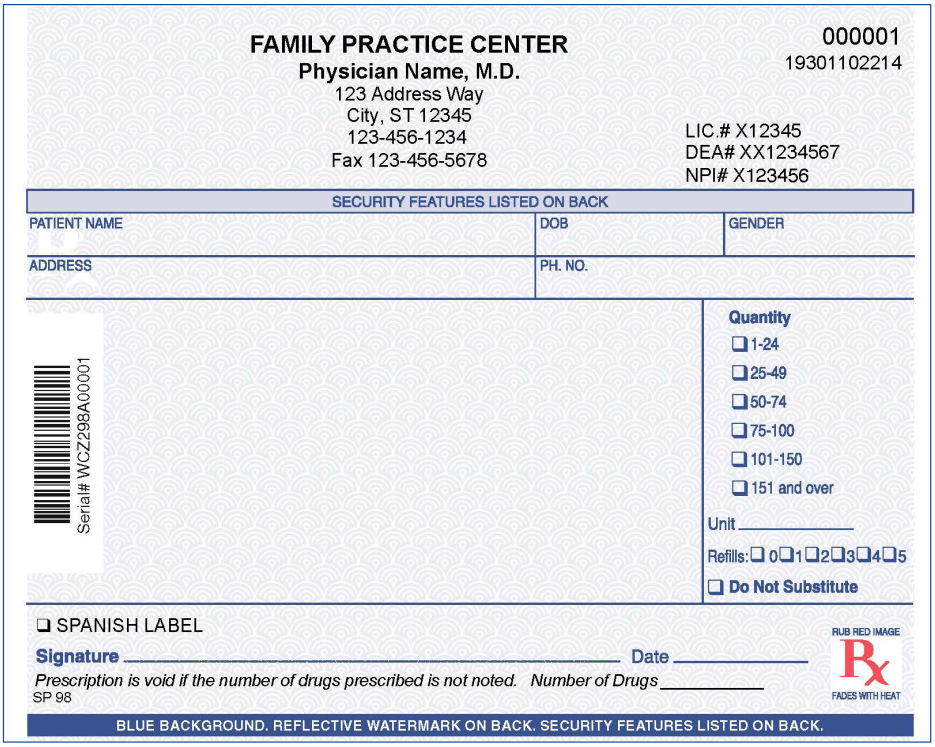
❒ 8 Pads ❒ 16 Pads
❒ 24 Pads ❒ 32 Pads
❒ 40 Pads ❒ 48 Pads
❒ 64 Pads ❒ 80 Pads

❒ **2 Part PC4-CA2**

❒ 8 Pads ❒ 16 Pads
❒ 24 Pads ❒ 32 Pads
❒ 80 Pads ❒ 120 Pads
❒ 160 Pads ❒ 256 Pads

**Optional Copy**

☐ Spanish Label




**COMPLETE INFORMATION & DEA CERTIFICATE IS REQUIRED BEFORE ORDER WILL BE ENTERED.**

**MAXIMUM OF 5 LINES**

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____ ☐ Do Not Print On Form

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE CA ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____ NPI # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

☐ Please provide proof

Email _____

**ADDITIONAL CHARGE OPTIONS**

☐ Imprint Part 2 ☐ Pad in 50's
☐ Padded Wraparound Cover

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# *MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

## *CALIFORNIA STANDARD FORMAT PRESCRIPTION FORM*

ORDER DATE _____ DEALER P.O. _____ CUSTOMER P.O. _____

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____

IF REORDER - PREVIOUS JOB #_____ ☐ PROOF REQUESTED Start Number is Always #000001

❒ **1 Part PC4-CA**

❒ 8 Pads ❒ 16 Pads
❒ 24 Pads ❒ 32 Pads
❒ 40 Pads ❒ 48 Pads
❒ 64 Pads ❒ 80 Pads

❒ **2 Part PC4-CA2**

❒ 8 Pads ❒ 16 Pads
❒ 24 Pads ❒ 32 Pads
❒ 80 Pads ❒ 120 Pads
❒ 160 Pads ❒ 256 Pads

**Optional Copy**

❒ Spanish Label

**SHIPPING INFORMATION:**

_____

_____

_____

_____

_____
PHYSICIANS SIGNATURE (Or Authorized Employee)

PRACTICE NAME _____

DOC. 1 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____ NPI # _____

DOC. 2 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____ NPI # _____

DOC. 3 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____ NPI # _____

DOC. 4 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____ NPI # _____

MAXIMUM OF 5 LINES

ADDRESS 1 _____

CITY 1 _____ STATE 1 CA ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 CA ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 CA ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 CA ZIP 4 _____

PHONE 4 _____ FAX 4 _____

☐ Please provide proof

Email _____

**OPTIONS**

☐ Imprint Part 2 ☐ Pad in 50's
☐ Padded Wraparound Cover