

## \* 1 DOCTOR - ORDER BLANK \*

## GEORGIA STANDARD FORMAT PRESCRIPTION FORM

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

			If Reor	der - Prev. Job #			
ORDER DATE		_ DEALER P.O.		CUSTOMER P.C	·		
DEALER NAME	≣		DEALER #	SIGNATURE			
ADDRESS							
SHIPPING INFO	ORMATION:						
STY	<u>/LE</u>						
□ 1 Part PC4-GA				FAMILY PRACTICE CEN Physician Name, M.D.	.D.		
□ 8 Pads	☐ 16 Pads			123 Address Way City, ST 12345	5070		
☐ 24 Pads				123-456-1234 FAX # 123-456- DEA # XX1234567 Lic # X12345 NPI			
☐ 40 Pads			Patient Name				
☐ 64 Pads	□ 80 Pads		Address		Date		
☐ 2 Part PC	4-GA2						
□ 8 Pads	☐ 16 Pads						
☐ 24 Pads	☐ 32 Pads						
<b>□</b> 80 Pads							
□ 160 Pads	☐ 256 Pads		LABEL		RX SAME OF THE PROPERTY OF THE		
			RefillTimes P	RN NR	FUB RED IMAGE		
Optional Copy			TO INSURE	BRAND NAME DISPENSING, PRESCRIBER DICALLY NECESSARY" ON THE PRESCRIP	TION		
□ DOB □ M/F			the process of the process of the	ROUND. REFLECTIVE WATERMARK ON BACK. SECURIT	FACES WITH HEAT		
С	OMPLETE INFOR	RMATION IS R	EQUIRED BEFC	RE ORDER WILL BE	ENTERED.		
PRACTICE NAI	ME						
PHYSICIAN NA	ME						
SPECIALTY							
CITY				STATE G	A ZIP		
					(Or Authorized Employee)		
☐ Please provid	de proof		ΔΠΟΙΤΙΩΝΔΙ	CHARGE OPTIONS			
Email			☐ Imprint Part 2 ☐ Pad in 50's				





## \*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK \*

## GEORGIA STANDARD FORMAT PRESCRIPTION FORM

ODDED DATE	DEALED D.O.				Proof Requested
	DEALER P.O				
	DE/		_ SIGNATURE		
ADDRESS					
☐ 1 Part PC4-GA	☐ 2 Part PC4-GA2	SHIPPIN	NG INFORMATION	ON:	
☐ 8 Pads ☐ 16 Pads	☐ 8 Pads ☐ 16 Pads	i i			
☐ 24 Pads ☐ 32 Pads	☐ 24 Pads ☐ 32 Pads				
☐ 40 Pads ☐ 48 Pads	☐ 80 Pads ☐ 120 Pads				
☐ 64 Pads ☐ 80 Pads	☐ 160 Pads ☐ 256 Pads				
Optional Copy					
DOB M/F Spanish	n Label				
PRACTICE NAME					
	LICENSE #				
	LICENSE #				
	LICENSE #				
DOC. 4		SPECIALTY _			
DEA #	LICENSE #		NPI # _		
ADDRESS 1					
CITY 1			STATE 1	GA	ZIP 1
PHONE 1		FAX 1			
ADDRESS 2					
CITY 2			STATE 2	GA	ZIP 2
PHONE 2		FAX 2			
ADDRESS 3					
				GA	ZIP 3
PHONE 3		FAX 3			
ADDRESS 4					
CITY 4			STATE 4	GA	ZIP 4
☐ Please provide proof			ARGE OPTION	<u>S</u>	
Emoil		•	☐ Pad in 50's	□ C+-	nled Wronground Cours
Email		radued wrapa	around Cover		pled Wraparound Cover