Wilmer®
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* ORDER BLANK*

INDIANA STANDARD FORMAT PRESCRIPTION FORM

IF REORDER - PREV. JOB #_____ ☐ PROOF REQUESTED

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

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____ START #_____

SHIPPING INFORMATION: _____

_____

_____

STYLE

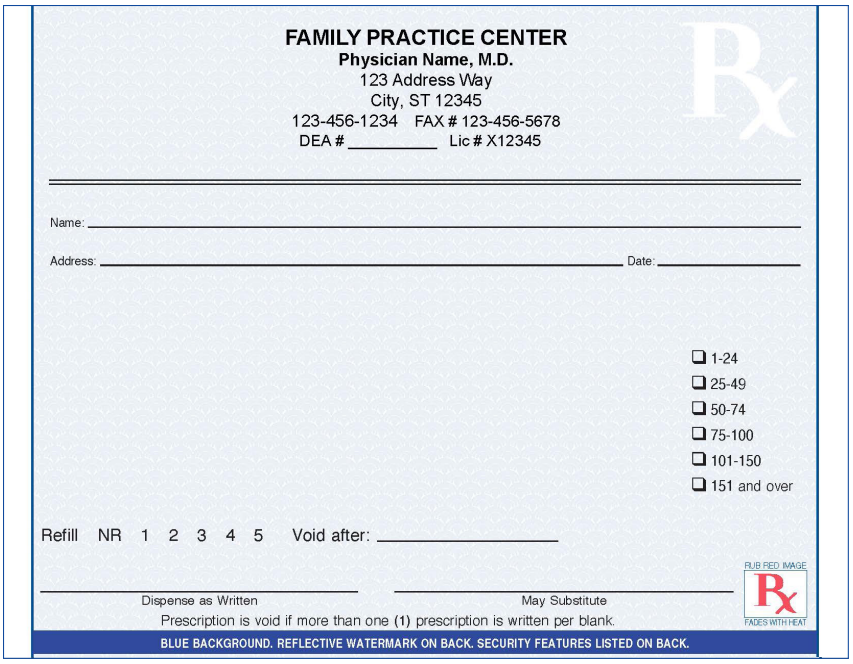
❒ **1 Part PC4-IN**

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

❒ **2 Part PC4-IN2**

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

(Size 5-1/2" x 4-1/4") Base Copy Reflex Blue - Imprint Information Black



*PRACTICE NAME _____

*PHYSICIAN NAME _____

SPECIALTY _____

*ADDRESS _____

*CITY _____ *STATE _____ *ZIP_____

PHONE _____

DEA # _____ *LICENSE # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

*Required Fields

COMPLETE INFORMATION REQUIRED BEFORE ORDER WILL BE ENTERED.

Optional Features Available at Additional Charge.

Consecutive numbering, padding in 100's, drilling of part 2, backprinting part 1 or part 2, stapled wraparound cover.

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*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

INDIANA STANDARD FORMAT PRESCRIPTION FORM

IF REORDER - PREVIOUS JOB #_____ ☐ Proof Requested

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

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____

❒ 1 Part PC4-IN		❒ 2 Part PC4-IN2	
❒ 8 Pads	❒ 16 Pads	❒ 8 Pads	❒ 16 Pads
❒ 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 Label

SHIPPING INFORMATION:

_____

_____

_____

_____

_____

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 IN ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 IN ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 IN ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 IN ZIP 4 _____

PHONE 4 _____ FAX 4 _____

☐ Please provide proof

Email _____

ADDITIONAL CHARGE OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's ☐ Numbering Start Number _____

☐ Padded Wraparound Cover