Wilmer®
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* 1 DOCTOR - ORDER BLANK *

KENTUCKY STANDARD FORMAT PRESCRIPTION FORM

IF REORDER - PREV. JOB #_____ ☐ PROOF REQUESTED

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

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____

SHIPPING INFORMATION: _____

_____

_____

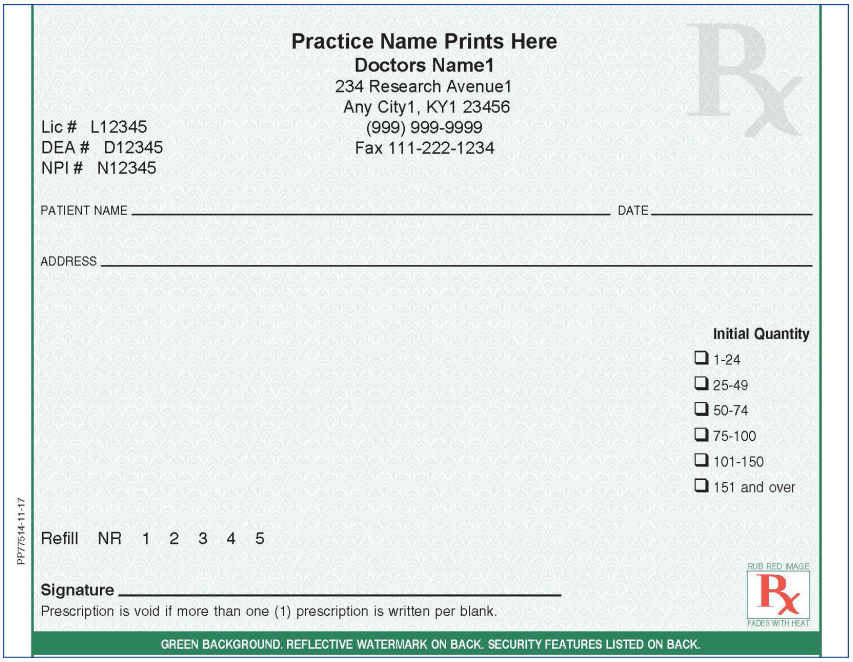
STYLE

❒ **1 Part PC4-KY**

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

❒ **2 Part PC4-KY2**

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



Optional Copy

☐ DOB ☐ M/F ☐ Spanish

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE KY ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____ NPI # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

☐ Please provide proof

Email _____

ADDITIONAL CHARGE OPTIONS

Start Number

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

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

KENTUCKY 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-KY**

❒ 8 Pads ❒ 16 Pads

❒ 24 Pads ❒ 32 Pads

❒ 40 Pads ❒ 48 Pads

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❒ 80 Pads ❒ 120 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 KY ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 KY ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 KY ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 KY 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