



\* 1 DOCTOR - ORDER BLANK \*
WASHINGTON 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-WA

- 8 Pads, 16 Pads, 24 Pads, 32 Pads, 40 Pads, 48 Pads, 64 Pads, 80 Pads

2 Part PC4-WA2

- 8 Pads, 16 Pads, 24 Pads, 32 Pads, 80 Pads, 120 Pads, 160 Pads, 256 Pads

Form for Family Practice Center with fields for Patient Name, Date, Address, DOB, Quantity, Unit, Refills, and checkboxes for Substitution Permitted and Dispense as Written.

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME \_\_\_\_\_
PHYSICIAN NAME \_\_\_\_\_
SPECIALTY \_\_\_\_\_
ADDRESS (No P.O. Box Allowed) \_\_\_\_\_
CITY \_\_\_\_\_ STATE WA 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, Numbering, Padded Wraparound Cover, Stapled Wraparound Cover

Start Number



P.O. Box 440 • 1434 Progress Lane  
Omro, Wisconsin 54963-0440  
Telephone (920) 685-5662 • Fax (800) 541-5967

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

**WASHINGTON STANDARD FORMAT  
PRESCRIPTION FORM**

IF REORDER - PREVIOUS JOB # \_\_\_\_\_  PROOF REQUESTED

ORDER DATE \_\_\_\_\_ DEALER P.O. \_\_\_\_\_ CUSTOMER P.O. \_\_\_\_\_

DEALER NAME \_\_\_\_\_ DEALER # \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**SHIPPING INFORMATION:**

- 1 Part PC4-WA**       **2 Part PC4-WA2**
- 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

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\_\_\_\_\_

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 # \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

CITY 1 \_\_\_\_\_ STATE 1 **WA** ZIP 1 \_\_\_\_\_

PHONE 1 \_\_\_\_\_ FAX 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY 2 \_\_\_\_\_ STATE 2 **WA** ZIP 2 \_\_\_\_\_

PHONE 2 \_\_\_\_\_ FAX 2 \_\_\_\_\_

ADDRESS 3 \_\_\_\_\_

CITY 3 \_\_\_\_\_ STATE 3 **WA** ZIP 3 \_\_\_\_\_

PHONE 3 \_\_\_\_\_ FAX 3 \_\_\_\_\_

ADDRESS 4 \_\_\_\_\_

CITY 4 \_\_\_\_\_ STATE 4 **WA** ZIP 4 \_\_\_\_\_

PHONE 4 \_\_\_\_\_ FAX 4 \_\_\_\_\_

Please provide proof

Email \_\_\_\_\_

**ADDITIONAL CHARGE OPTIONS**

Start Number

ImprintPart2  Padin50's  Numbering \_\_\_\_\_

Padded Wraparound Cover       Stapled Wraparound Cover

MAXIMUM OF 5 LINES