



* 1 DOCTOR - ORDER BLANK *
WEST VIRGINIA 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-WV

8 Pads 16 Pads

24 Pads 32 Pads

40 Pads 48 Pads

64 Pads 80 Pads

2 Part PC4-WV2

8 Pads 16 Pads

24 Pads 32 Pads

80 Pads 120 Pads

160 Pads 256 Pads

Landscape Portrait

Optional Copy

DOB M/F Spanish

FAMILY PRACTICE CENTER
Physician Name, M.D.
123 Address Way
City, ST 12345
123-456-1234 FAX # 123-456-5678
DEA # XX1234567 Lic # X12345 NPI # X123456
Rx
PATIENT NAME _____ DATE _____
ADDRESS _____
 1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
Refill NR 1 2 3 4
Signature _____
Prescription is void if more than one (1) prescription is written per blank.
THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND MEDICALLY NECESSARY" ARE WRITTEN, IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.
GREEN BACKGROUND, REFLECTIVE WATERMARK ON BACK, SECURITY FEATURES LISTED ON BACK.

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE WV ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____ NPI # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

Please provide proof

ADDITIONAL CHARGE OPTIONS

Pad in 50's

Padded Wraparound Cover

Stapled Wraparound Cover

Email _____



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

**WEST VIRGINIA STANDARD FORMAT
PRESCRIPTION FORM**

IF REORDER - PREVIOUS JOB # _____ PROOF REQUESTED

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

DEALER NAME _____ DEALER # _____ SIGNATURE _____

ADDRESS _____

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> 1 Part PC4-WV | <input type="checkbox"/> 2 Part PC4-WV2 |
| <input type="checkbox"/> 8 Pads <input type="checkbox"/> 16 Pads | <input type="checkbox"/> 8 Pads <input type="checkbox"/> 16 Pads |
| <input type="checkbox"/> 24 Pads <input type="checkbox"/> 32 Pads | <input type="checkbox"/> 24 Pads <input type="checkbox"/> 32 Pads |
| <input type="checkbox"/> 40 Pads <input type="checkbox"/> 48 Pads | <input type="checkbox"/> 80 Pads <input type="checkbox"/> 120 Pads |
| <input type="checkbox"/> 64 Pads <input type="checkbox"/> 80 Pads | <input type="checkbox"/> 160 Pads <input type="checkbox"/> 256 Pads |

Start # _____

Optional Copy

- DOB M/F Spanish Label

SHIPPING INFORMATION:

PRACTICE NAME _____

DOC. 1 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 2 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 3 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

DOC. 4 _____ SPECIALTY _____ Security Code _____

DEA # _____ LICENSE # _____ NPI # _____

ADDRESS 1 _____

CITY 1 _____ STATE 1 **WV** ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 **WV** ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 **WV** ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 **WV** ZIP 4 _____

PHONE 4 _____ FAX 4 _____

Please provide proof

ADDITIONAL CHARGE OPTIONS

- Pad in 50's
 Padded Wraparound Cover Stapled Wraparound Cover

Email _____

MAXIMUM OF 5 LINES