Wilmer®
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WYOMING STANDARD FORMAT PRESCRIPTION FORM

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

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____

IF REORDER - PREVIOUS JOB #_____ ☐ PROOF REQUESTED

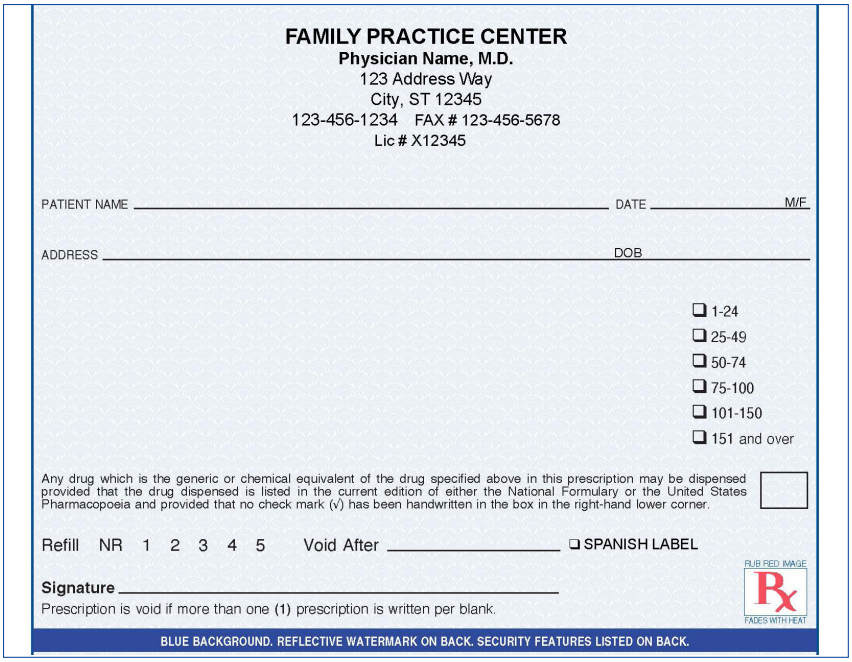
STYLE

❒ **1 Part PC4-WY**

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

❒ **2 Part PC4-WY2**

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


FAMILY PRACTICE CENTER
Physician Name, M.D.
123 Address Way
City, ST 12345
123-456-1234 FAX # 123-456-5678
Lic # X12345

PATIENT NAME _____ DATE _____ M/F

ADDRESS _____ DOB _____

❑ 1-24
❑ 25-49
❑ 50-74
❑ 75-100
❑ 101-150
❑ 151 and over

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (√) has been handwritten in the box in the right-hand lower corner.

Refill NR 1 2 3 4 5 Void After _____ ❑ SPANISH LABEL

RUB RED IMAGE
Rx
FADES WITH HEAT

Signature _____
Prescription is void if more than one (1) prescription is written per blank.

BLUE BACKGROUND. REFLECTIVE WATERMARK ON BACK. SECURITY FEATURES LISTED ON BACK.

Optional Copy

☐ DOB ☐ M/F ☐ Spanish

COMPLETE INFORMATION & DEA CERTIFICATE IS REQUIRED BEFORE ORDER WILL BE ENTERED.

MAXIMUM OF 5 LINES

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____ ☐ Do Not Print On Form

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE WY ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

☐ Please provide proof

☐ Email _____

ADDITIONAL CHARGE OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's
☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

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*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

WYOMING STANDARD FORMAT PRESCRIPTION FORM

ADDITIONAL INFORMATION
(Multi-Doctor, Multi-Address)

PRACTICE NAME _____

DOC. 1 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

DOC. 2 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

DOC. 3 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

DOC. 4 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

MAXIMUM OF 5 LINES

ADDRESS 1 _____

CITY 1 _____ STATE 1 WY ZIP 1 _____

PHONE 1 _____ FAX 1 _____

ADDRESS 2 _____

CITY 2 _____ STATE 2 WY ZIP 2 _____

PHONE 2 _____ FAX 2 _____

ADDRESS 3 _____

CITY 3 _____ STATE 3 WY ZIP 3 _____

PHONE 3 _____ FAX 3 _____

ADDRESS 4 _____

CITY 4 _____ STATE 4 WY ZIP 4 _____

PHONE 4 _____ FAX 4 _____

☐ Please provide proof

☐ Email _____