DEALER #_____

DEALER NAME _____

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____

* ORDER BLANK*

WEST VIRGINIA STANDARD FORMAT PRESCRIPTION FORM

STANDARD FORMAT WEST VIRGINIA PRESCRIPTION FORMS

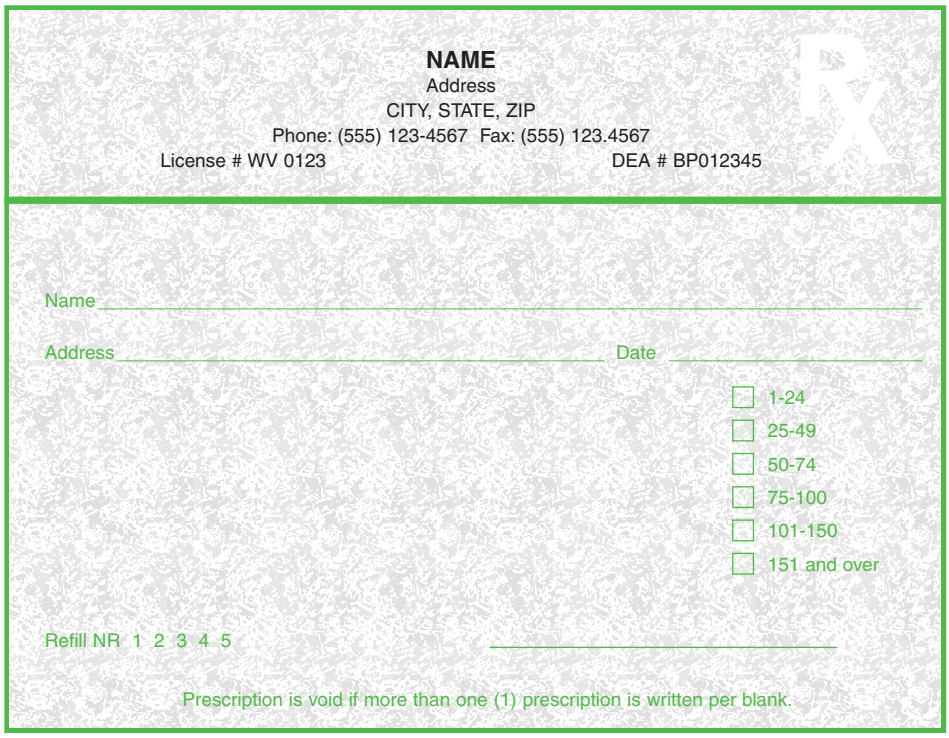
Standard Security Features: Void Pantograph, Security Backprinting, Reverse Rx on Top Right Corner.

STYLE

- ❒ 1 Part PC4-WV (Pads of 100)
- ❒ 2 Part PC4-WV2 (Pads of 100)
  (Second Part Blank)

QUANTITY

- ❒ 10 Pads
- ❒ 20 Pads
- ❒ 40 Pads
- ❒ 60 Pads
- ❒ 80 Pads
- ❒ 120 Pads
- ❒ 240 Pads



(Size 5-1/2" x 4-1/4") Base Copy Pantone Green - 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 50's, drilling of part 2, backprinting part 1 or part 2 and print face part 2, stapled wraparound cover.