

DEALER # _____

*** ORDER BLANK***

DEALER NAME _____

**WEST VIRGINIA STANDARD FORMAT
PRESCRIPTION FORM**

DEALER P.O. _____

CUSTOMER P.O. _____

ORDER DATE _____

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

NAME Address CITY, STATE, ZIP Phone: (555) 123-4567 Fax: (555) 123.4567 License # WV 0123 DEA # BP012345		
Name _____		
Address _____	Date _____	
		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 and over
Refill NR 1 2 3 4 5 _____		
Prescription is void if more than one (1) prescription is written per blank.		

(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.