INDIANA

PRESCRIPTION PADS & LASER FORMS

Benefits:

- Easy to order
- Fast Delivery
- Secure shipment process
- Includes all state of Indiana required features
- Padded forms available in 1 or 2 part - Padded in 50's
- Laser Forms - Blank or Imprinted

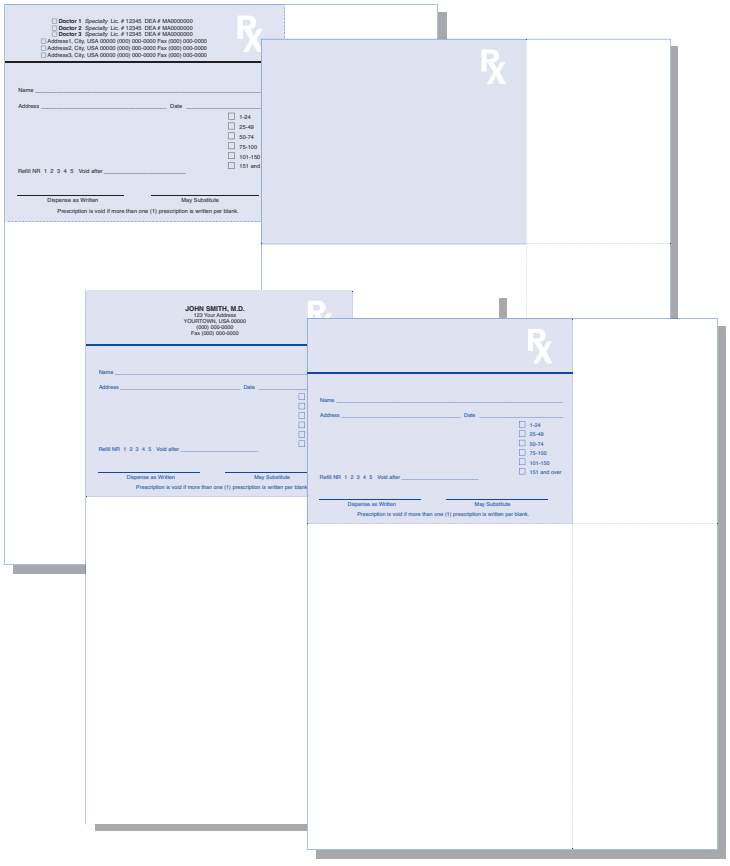
ProfessionalBusiness Systems

1434 Progress Lane
Omro, WI 54963
800-242-4230
sales@webpbs.com
www.webpbs.com

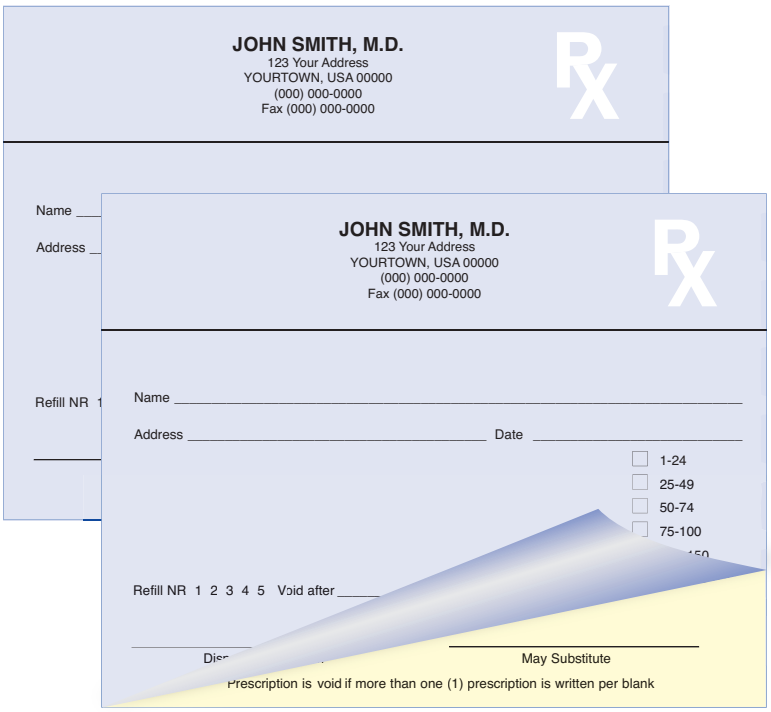
Additional features include: (optional)

- Part 2 printed
- Custom backprinting
- Numbering
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

Imprinted or Blank 8-1/2″ x 11″



Standard 5-1/2″ x 4-1/4″
Landscape only



Version 19.1

Blue Void Pantograph • Reverse Rx Symbol • Security Backprint • State Mandated Format(s)
Approved Manufacturer • Check Box for Quantity Required

Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										**Price/Pad**
☐ **PC4-IN**	**1**	**50**	**N/A**	**7.95**	**5.60**	**4.35**	**4.15**	**3.85**	**3.65**	
☐ **PC4-IN2**	**2**	**50**	**N/A**	**12.20**	**8.45**	**6.40**	**5.60**	**5.40**	**5.05**	
Laser - Imprinted				**1000**	**2000**	**4000**	**6000**	**8000**	**10000**	**Price/M**
☐ **PRES1L-IN**	**1**	**Imprinted**		**206.10**	**136.70**	**100.80**	**87.90**	**83.50**	**80.20**	
☐ **PRES1L-IN2**	**2**	**Imprinted**		**206.10**	**136.70**	**100.80**	**87.90**	**83.50**	**80.20**	
Laser - Stock				**500**	**1000**	**2500**	**5000**	**10000**	**25000**	**Price/M**
☐ **PRES1L-IN-BK**	**1**	**Blank**		**61.00**	**72.00**	**64.00**	**57.00**	**50.00**	**47.00**	
☐ **PRES1L-IN2-BK**	**2**	**Blank**		**61.00**	**72.00**	**64.00**	**57.00**	**50.00**	**47.00**	

Style: Landscape Only

Parts: ☐ 1 Part ☐ 2 Part

Quantity: ☐ 10 Pads ☐ 20 Pads
☐ 40 Pads ☐ 60 Pads
☐ 80 Pads ☐ 120 Pads

Additional features:
☐ padded in 50's
(100's available)
☐ backprinting
☐ numbering
☐ drilling on part 2
☐ 2nd part printing

Laser Quantity:
Imprinted ☐ 1000 ☐ 2000 ☐ 4000 ☐ 6000 ☐ 8000 ☐ 10000
Blank ☐ 500 ☐ 1000 ☐ 2500 ☐ 5000 ☐ 10000 ☐ 25000

Start Number: _____

Purchase Order # (if required) _____

Prices: (Add $30 for Logo)
☐ Please send me your catalog

Practice Information

Practice: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ DEA #: _____

NPI #: _____

Specialty: _____ Phone #: _____

Shipping address if different than above

Address: _____

_____

Physician's Signature _____
(Required)