* 1 DOCTOR - ORDER BLANK *

CALIFORNIA STANDARD FORMAT PRESCRIPTION FORM

Start # is Always #000001

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-CA

❐ 2 Part PC4-CA2

(Second Part Blank)

QUANTITY

❐ 10 Pads ❐ 20 Pads

❐ 40 Pads ❐ 60 Pads

❐ 80 Pads ❐ 120 Pads

❐ 240 Pads

Optional Copy

☐ DOB

☐ M/F

☐ Spanish

SECURE RUB™ TAMPER PROOF SECURE

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, USA 00000
(000) 000-0000

Rx

Lic. # AW9670072
DEA # FW2614902

DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN. LINE, REVERSE RX, SECURITY BACKPRINT THERMOCHROMATIC INK FEATURE, NUMBERING, CHEMICAL REACTIVE SAFETY PAPER

Name ____

Address ______________________________________ Date __________

Quantity
☐ 1-24 ☐ 25-49
☐ 50-74 ☐ 75-100
☐ 101-150 ☐ 151 and over
Units _______
☐ Do not substitute
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Void After __________
☐ Spanish

#00001

Serial# PMZ298A00001

SP01 200101A123456

Signature

_____ Prescription is void if the number of drugs prescribed is not noted.

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 CA ZIP ____________

PHONE __________________________________ FAX ___________________________________

DEA # ___________________ LICENSE # ____________________ NPI # _____________________

PHYSICIANS SIGNATURE ____ (Or Authorized Employee)

☐ Please provide proof

☐ Mail ☐ Fax _____________________

☐ Email _____________________________

ADDITIONAL CHARGE OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover

P.O. Box 440 • 1434 Progress Lane
Omro, Wisconsin 54963-0440
Telephone (920) 685-5662 • Fax (800) 541-5967

*MULTI DOCTOR / MULTI ADDRESS ORDER BLANK *

CALIFORNIA STANDARD FORMAT PRESCRIPTION FORM

ORDER DATE ________________ DEALER P.O. __________________ CUSTOMER P.O. __________________

DEALER NAME ______________________________ DEALER #_______ SIGNATURE __________________

ADDRESS ____

IF REORDER - PREVIOUS JOB #___________ ☐ PROOF REQUESTED Start Number is Always #000001

STYLE ☐ 1 Part PC4-CA ☐ 2 Part PC4-CA2 (Second Part Blank)

QUANTITY ☐ 10 Pads ☐ 20 Pads ☐ 40 Pads ☐ 60 Pads

(Pads of 100) ☐ 80 Pads ☐ 120 Pads ☐ 240 Pads

Optional Copy

☐ DOB ☐ M/F ☐ Spanish

____
PHYSICIANS SIGNATURE (Or Authorized Employee)

SHIPPING INFORMATION:

____

____

____

____

PRACTICE NAME ____

DOC. 1 ________________________________ SPECIALTY __________________ ☐ Do Not Print On Form

DEA # ___________________ LICENSE # ____________________ NPI # ____________________

DOC. 2 ________________________________ SPECIALTY __________________ ☐ Do Not Print On Form

DEA # ___________________ LICENSE # ____________________ NPI # ____________________

DOC. 3 ________________________________ SPECIALTY __________________ ☐ Do Not Print On Form

DEA # ___________________ LICENSE # ____________________ NPI # ____________________

DOC. 4 ________________________________ SPECIALTY __________________ ☐ Do Not Print On Form

DEA # ___________________ LICENSE # ____________________ NPI # ____________________

MAXIMUM OF 5 LINES

ADDRESS 1 ____

CITY 1 ____ STATE 1 CA ZIP 1 ___________

PHONE 1 __________________________ FAX 1 __________________________

ADDRESS 2 ____

CITY 2 ____ STATE 2 CA ZIP 2 ___________

PHONE 2 __________________________ FAX 2 __________________________

ADDRESS 3 ____

CITY 3 ____ STATE 3 CA ZIP 3 ___________

PHONE 3 __________________________ FAX 3 __________________________

ADDRESS 4 ____

CITY 4 ____ STATE 4 CA ZIP 4 ___________

PHONE 4 __________________________ FAX 4 __________________________

☐ Please provide proof

☐ Mail ☐ Fax ____________________

☐ Email ________________________

OPTIONS

☐ Imprint Part 2 ☐ Pad in 50's

☐ Padded Wraparound Cover ☐ Stapled Wraparound Cover