

# DELAWARE

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Color changing ink is used, which is an easy way for pharmacists to check for authenticity
- Secure shipment process
- Includes all state of Delaware required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank, Numbered or Imprinted

**ProfessionalBusiness  
Systems**

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

Imprinted or Blank  
8-1/2" x 11"

### Additional features include: (optional)

- Custom backprinting
- Drilling on part 2
- 1 Part Form padded in 100's
- 2 Part Form padded in 50's

Standard 5-1/2" x 4-1/4"  
Landscape or Portrait

☐ Doctor1 Specialty Lic. # 12345 DEA # MA0000000  
☐ Doctor2 Specialty Lic. # 12345 DEA # MA0000000  
☐ Doctor3 Specialty Lic. # 12345 DEA # MA0000000  
☐ Address1, City, DE 00000 (000) 000-0000 Fax (000) 000-0000  
☐ Address2, City, DE 00000 (000) 000-0000 Fax (000) 000-0000  
☐ Address3, City, DE 00000 (000) 000-0000 Fax (000) 000-0000

**Rx**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**HOMETOWN CLINIC**  
John Doe, M.D.  
Family Practice  
1234 Your Address  
YourCity, DE 98765 Lic. #: A12345  
(987) 654-3210 DEA #: AA7654321  
Fax (987) 654-3211 NPI #: 789456123

#00001

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

☐ Spanish  
Refill NR 1 2 3 4 5  
Void After \_\_\_\_\_

Substi \_\_\_\_\_  
Presc \_\_\_\_\_

☐ Spanish  
Refill NR 1 2 3 4 5  
Void After \_\_\_\_\_

In order for a brand name product to be dispensed, the  
prescriber must handwrite "Brand Necessary" or "Brand  
Medically Necessary" in the space below.

Substitution Permitted \_\_\_\_\_  
Prescription is void if more than one (1) controlled substance is written per blank.

☐ Doctor1 Specialty Lic. # 12345 DEA # MA0000000  
☐ Doctor2 Specialty Lic. # 12345 DEA # MA0000000  
☐ Doctor3 Specialty Lic. # 12345 DEA # MA0000000  
☐ Address1, City, DE 00000 (000) 000-0000 Fax (000) 000-0000  
☐ Address2, City, DE 00000 (000) 000-0000 Fax (000) 000-0000  
☐ Address3, City, DE 00000 (000) 000-0000 Fax (000) 000-0000

**Rx**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**HOMETOWN CLINIC**  
John Doe, M.D.  
Family Practice  
1234 Your Address  
YourCity, DE 98765 Lic. #: A12345  
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#00001

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

☐ Spanish  
Refill NR 1 2 3 4 5  
Void After \_\_\_\_\_

Substi \_\_\_\_\_  
Presc \_\_\_\_\_

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Version 19.1

Void Pantograph • Watermark • Fluorescent Green Security Backprint • Coin Reactive Ink • Chemical Void (In 6 languages)  
Thermochromatic Ink Feature • 2 Signature Lines • Solid Colored Background • Security Backprint • Sequential Numbering • Solvent Reactivity



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
<b>Standard Pads</b>										<b>Price/Pad</b>
<input type="checkbox"/> PC4-DE	1	100	20.10	12.20	8.30	6.50	5.90	5.80	5.70	
<input type="checkbox"/> PC4-DE2	2	50	N/A	14.10	9.40	7.10	7.10	6.10	6.00	
<b>Laser - Imprinted</b>				<b>1000</b>	<b>2000</b>	<b>4000</b>	<b>6000</b>	<b>8000</b>	<b>10000</b>	<b>Price/M</b>
<input type="checkbox"/> PRES1L-DE 1 Up	1	Imprinted		229.00	171.00	140.00	138.00	135.00	133.00	
<input type="checkbox"/> PRES4L-DE 4 Up	1	Imprinted		286.00	218.00	185.00	163.00	156.00	154.00	
<b>Laser - Stock</b>				<b>1000</b>	<b>2500</b>	<b>5000</b>	<b>10000</b>	<b>25000</b>	<b>50000</b>	<b>Price/M</b>
<input type="checkbox"/> PRES1L-DE-BK 1 Up	1	Blank		147.00	134.00	120.00	114.00			
<input type="checkbox"/> PRES4L-DE-BK 4 Up	1	Blank		184.00	166.00	150.00	142.00	121.00	103.00	

Style: ☐ Landscape  
☐ Portrait

Parts: ☐ 1 Part ☐ 2 Part

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

Laser Quantity:  
Imprinted ☐ 1000 ☐ 2000 ☐ 4000 ☐ 6000 ☐ 8000 ☐ 10000  
Blank ☐ 1000 ☐ 2500 ☐ 5000 ☐ 10000 ☐ 25000 ☐ 50000

Start Number: \_\_\_\_\_

Purchase Order # (if required) \_\_\_\_\_

Additional features:  
☐ 2nd part printing  
☐ padded in 50's  
☐ backprinting  
☒ numbering  
☐ drilling on part 2

Prices: (Add \$30 for Logo)  
☐ Please send me your catalog  
Call for prices on pads over 120

Practice Information

Practice: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ DEA #: \_\_\_\_\_  
(DEA certificate must be faxed with order)

NPI #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shipping address if different than above

Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_  
(Required)