

# TAMPER RESISTANT

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all Tamper Resistant required features
- Padded forms available in 1 or 2 part
- Laser Forms - Blank or Imprinted



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)

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

Imprinted prescription form for John Smith, M.D. The form includes fields for Name, DOB, Address, Date, and M/F. It also features a list of padding options (1-24, 25-49, 50-74, 75-100, 101-150, 151 and over) and a checkbox for Spanish. The form is labeled with a large 'Rx' symbol.

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

Imprinted prescription form for Family Clinic. The form includes fields for Name, DOB, Address, Date, and M/F. It also features a list of padding options (1-24, 25-49, 50-74, 75-100, 101-150, 151 and over) and a checkbox for Spanish. The form is labeled with a large 'Rx' symbol.

Imprinted prescription form for Family Clinic. The form includes fields for Name, DOB, Address, Date, and M/F. It also features a list of padding options (1-24, 25-49, 50-74, 75-100, 101-150, 151 and over) and a checkbox for Spanish. The form is labeled with a large 'Rx' symbol.

Semi-custom (Up to  
8-1/2" x 5-1/2")  
Portrait or Landscape

Semi-custom prescription form for John Smith, M.D. The form includes fields for Name, DOB, Address, Date, and M/F. It also features a list of padding options (1-24, 25-49, 50-74, 75-100, 101-150, 151 and over) and a checkbox for Spanish. The form is labeled with a large 'Rx' symbol.

Version 18.1

Void Pantograph • Security Features Listed on Back • Reverse Rx Symbol • Security Backprinting



Product Code	Parts	Forms/Pad	5 Pads	10 Pads	20 Pads	40 Pads	60 Pads	80 Pads	120 Pads	
Standard Pads										Price/Pad
<input type="checkbox"/> PC4-TR	1	100	16.80	9.90	6.70	5.20	4.70	4.40	4.30	
<input type="checkbox"/> PC4-TR2	2	100	23.30	13.70	10.00	8.30	8.00	7.70	7.60	
<input type="checkbox"/> PC4-TR3	3	50	N/A	18.50	12.50	10.70	10.00	9.70	9.50	
Semi Custom Pads										Price/Pad
<input type="checkbox"/> PCTR-SCUST	1	100	35.10	20.60	14.50	11.60	10.60	10.10	9.80	
<input type="checkbox"/> PCTR2-SCUST	2	100	52.70	31.00	22.00	18.10	17.10	16.60	16.20	
Laser - Imprinted				1000	2000	4000	6000	8000	10000	Price/M
<input type="checkbox"/> PRES1L-TR	1	Imprinted		203.20	150.60	130.60	122.10	120.00	117.90	
Laser - Stock				500	1000	2500	5000	10000	25000	Price/M
<input type="checkbox"/> PRES1L-TR-BK	1	Blank		63.20/lot	73.70	65.30	57.90	51.60	48.40	

Style: ☐ Landscape  
☐ Portrait

Parts: ☐ 1 Part ☐ 2 Part ☐ 3 Part

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

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

Additional features:

☐ 2nd part printing  
☐ padded in 50's  
☐ backprinting  
☐ numbering  
☐ drilling on part 2

***\*FAX ORDER FORM\****

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)