

*** 1 DOCTOR / 1 ADDRESS
ORDER BLANK***

**CALIFORNIA MULTI PRESCRIPTION
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-CAM
- 2 Part PC4-CA2M
(Part 2 imprinted same)

QUANTITY

- 10 Pads 20 Pads 40 Pads 60 Pads
- 80 Pads 120 Pads 240 Pads (Pads of 100)

SECURE RUB™ TAMPER PROOF SECURE	JOHN SMITH, M.D. <i>Specialty</i> 123 Your Address Yourtown, USA 00000 (000) 000-0000 Lic. # 00000 DEA # MA0000000	NAME _____
		ADDRESS _____
		CITY _____ STATE _____ ZIP _____
		D.O.B. _____ GENDER _____ DATE _____
	<small>DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN. LINE, REVERSE RX, SECURITY BACKPRINT THERMOCHROMATIC INK FEATURE, NUMBERING, CHEMICAL REACTIVE SAFETY PAPER</small>	
	R_x 1	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over <input type="checkbox"/> Do Not Substitute Refill <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Units _____
	R_x 2	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over <input type="checkbox"/> Do Not Substitute Refill <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Units _____
	R_x 3	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over <input type="checkbox"/> Do Not Substitute Refill <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Units _____
#00001  Serial# PMZ298A00001 SP01 200101A123456	Signature _____ Prescription is void if the number of drugs prescribed is not noted. Void after _____ <input type="checkbox"/> Spanish	

COMPLETE INFORMATION & DEA CERTIFICATE IS REQUIRED BEFORE ORDER WILL BE ENTERED.

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

- Pad in 50's
- Padded Wraparound Cover Stapled Wraparound Cover

***MULTI DOCTOR / MULTI ADDRESS
ORDER BLANK ***

**CALIFORNIA MULTI PRESCRIPTION
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-CAM 2 Part PC4-CA2M
(Part 2 printed same)

QUANTITY 10 Pads 20 Pads 40 Pads 60 Pads
(Pads of 100) 80 Pads 120 Pads 240 Pads

PHYSICIANS SIGNATURE (Or Authorized Employee)

SHIPPING INFORMATION:

MAXIMUM OF 9 LINES

1 Line [PRACTICE NAME _____

1 Line [DOC. 1 _____ SPECIALTY _____ Do Not Print On Form

1 Line [DEA # _____ LICENSE # _____ NPI # _____

1 Line [DOC. 2 _____ SPECIALTY _____ Do Not Print On Form

1 Line [DEA # _____ LICENSE # _____ NPI # _____

1 Line [DOC. 3 _____ SPECIALTY _____ Do Not Print On Form

1 Line [DEA # _____ LICENSE # _____ NPI # _____

1 Line [DOC. 4 _____ SPECIALTY _____ Do Not Print On Form

1 Line [DEA # _____ LICENSE # _____ NPI # _____

2 Lines [ADDRESS 1 _____

2 Lines [CITY 1 _____ STATE 1 **CA** ZIP 1 _____

2 Lines [PHONE 1 _____ FAX 1 _____

2 Lines [ADDRESS 2 _____

2 Lines [CITY 2 _____ STATE 2 **CA** ZIP 2 _____

2 Lines [PHONE 2 _____ FAX 2 _____

2 Lines [ADDRESS 3 _____

2 Lines [CITY 3 _____ STATE 3 **CA** ZIP 3 _____

2 Lines [PHONE 3 _____ FAX 3 _____

2 Lines [ADDRESS 4 _____

2 Lines [CITY 4 _____ STATE 4 **CA** ZIP 4 _____

2 Lines [PHONE 4 _____ FAX 4 _____

Please provide proof
 Mail Fax _____
 Email _____

OPTIONS

Pad in 50's
 Padded Wraparound Cover Stapled Wraparound Cover