* 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

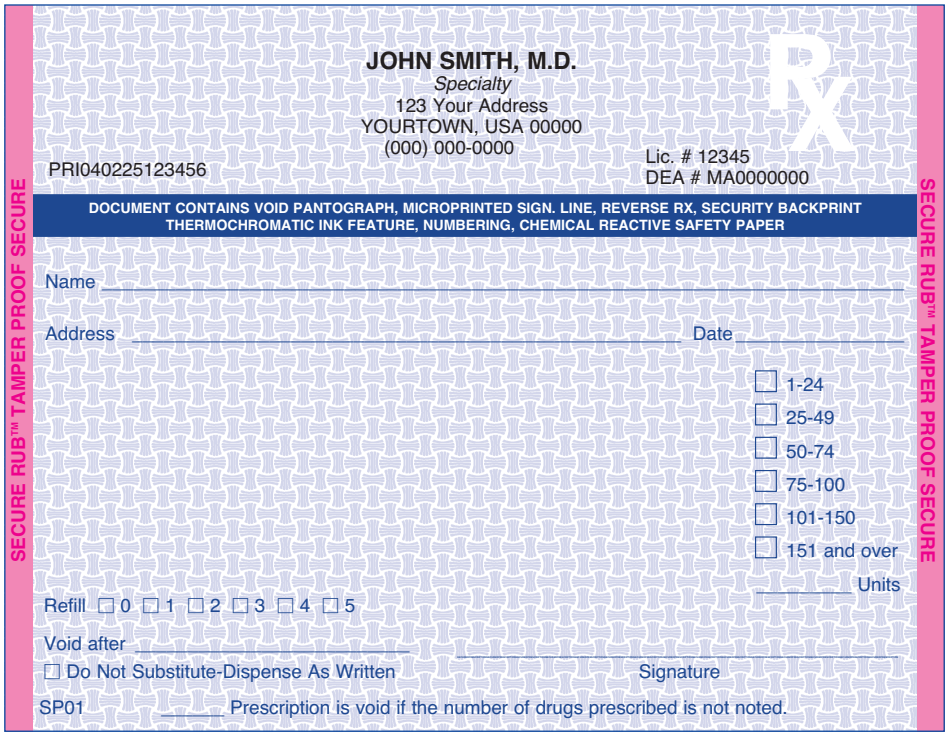
❒ 240 Pads

Optional Copy

☐ DOB

☐ M/F

☐ Spanish



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 # _____

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

*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 # _____

DOC. 2 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

DOC. 3 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

DOC. 4 _____ SPECIALTY _____ ☐ Do Not Print On Form

DEA # _____ LICENSE # _____

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