alpha DESIGN & PRINT
COLLABORATIVE MARKETING SERVICES

2923 Saturn St., Suite D • Brea, CA 92821
ph: 714-256-9543 • **fax:** 714-256-0975
e-mail: info@alphadesignandprint.com
www.alphadesignandprint.com

LONG FORMAT - 8.5”(w) x 3.667”(h)

PRACTITIONER INFO IMPRINTED HERE

NAME

DOB GENDER

ADDRESS

DATE PHONE

℞

1-24	25-49	50-74	75-100	101-150	151+	MED. / SIG.	mg or %sol.	No. or cc.	Refill *(circle one)*
❑	❑	❑	❑	❑	❑				0 1 2 3 4 5
❑	❑	❑	❑	❑	❑				0 1 2 3 4 5
❑	❑	❑	❑	❑	❑				0 1 2 3 4 5
❑	❑	❑	❑	❑	❑				0 1 2 3 4 5
❑	❑	❑	❑	❑	❑				0 1 2 3 4 5

CALIFORNIA SECURITY PRESCRIPTION REQUIREMENT CALIFORNIA SECURITY PRESCRIPTION REQUIREMENT

RESERVED FOR PRACTITIONER'S STAMP

SP 04

# of Drugs Prescribed: _____ ❑ DO NOT SUBSTITUTE (Initials: _____) ❑ Label in Spanish

RUB SEAL BRISKLY TO CHANGE COLOR

PRESCRIBING PRACTITIONER'S SIGNATURE: _____

Document is printed using Security Features to insure authenticity: Document will indicate VOID if scanned or photocopied. To view watermark on reverse side of document hold at an angle. Seal located in lower right-hand corner of the front will change color when rubbed briskly. Entire document will indicate an obvious change in appearance if attempted to alter by chemical means. ***“Prescription is VOID if the number of drugs prescribed is not noted.”***

SHORT FORMAT - 5.5”(w) x 4.25”(h)

PRACTITIONER INFO IMPRINTED HERE

℞

PATIENT NAME DOB GENDER

ADDRESS PHONE DATE

1-24	25-49	50-74	75-100	101-150	151+	MED / SIG	mg or %sol.	No. or cc.	Refill
❑	❑	❑	❑	❑	❑				❑0 ❑1 ❑2 ❑3 ❑4 ❑5
❑	❑	❑	❑	❑	❑				❑0 ❑1 ❑2 ❑3 ❑4 ❑5
❑	❑	❑	❑	❑	❑				❑0 ❑1 ❑2 ❑3 ❑4 ❑5

CALIFORNIA SECURITY PRESCRIPTION REQUIREMENT CALIFORNIA SECURITY PRESCRIPTION REQUIREMENT

RUB SEAL BRISKLY TO CHANGE COLOR

PRESCRIBING PRACTITIONER'S SIGNATURE: _____

Document is printed using Security Features to insure authenticity: Document will indicate VOID if scanned or photocopied. To view watermark on reverse side of document hold at an angle. Seal located in lower right-hand corner of the front will change color when rubbed briskly. Entire document will indicate an obvious change in appearance if attempted to alter by chemical means. ***“Prescription is VOID if the number of drugs prescribed is not noted.”***

SP 04

2 PART FORMS ALSO AVAILABLE. (INCLUDES “PRINTED” 2ND SHEET BLACK & WHITE REPRODUCTION OF SECURE TOP SHEET / FOR RECORD KEEPING PURPOSES ONLY).

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CA Rx PRICING

(PLEASE CALL FOR GREATER QUANTITIES - SUBJECT TO CHANGE)

SINGLE PAGE FORM: (PADS OF 50)

QUANTITY (SCRIPTS)	PRICE*
60 (3 PADS OF 20)	$50.00
300	$180.00
600	$200.00
1200	$230.00
1800	$260.00
2400	$290.00
3000	$320.00
3600	$360.00
4800	$420.00
6000	$480.00

2 PART FORM: (PADS OF 50)

QUANTITY (SCRIPTS)	PRICE*
60 (3 PADS OF 20)	$65.00
300	$200.00
600	$240.00
1200	$300.00
1800	$350.00
2400	$410.00
3000	$460.00
3600	$520.00
4800	$640.00
6000	$760.00

*** Imprinting To The Backside Of The Script Can Be Done For An Additional Fee Of $50.00. Logos Can Be Imprinted In Black & White (Design Charges May Apply). Shipping Additional - UPS Ground (Overnight Shipping Extra).**

ORDER FORM

QUANTITY: _____
SIZE: ❑ LONG ❑ SHORT
TYPE: ❑ SINGLE ❑ 2 PART

Medical Firm/Clinic Name (If Applicable): _____
Primary Contact (If Applicable): _____
Street Address **City** **Zip Code**

_____

Phone #: _____ **Fax #:** _____
Practitioner's Name(s), **CA License #*** **DEA #***
(List In Order If More Than One):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Payment Info: ❑ **Credit Card:** Visa Mastercard Amex Discover (Circle One Please)
CC#: _____ **Exp. Date:** _____ **SC#:** _____
❑ **Check #:** _____ **D/L #:** _____ **Exp. Date:** _____

(Please Read & Sign Before Returning): **Accepted By: X** _____ **Date:** _____

*** LEGIBLE COPIES OF ALL PRACTITIONER'S CALIFORNIA STATE LICENSE & DEA CERTIFICATES ARE REQUIRED BY LAW (NO EXCEPTIONS). A NON-REFUNDABLE DEPOSIT OF 50% IS REQUIRED WHEN ORDER IS PLACED, BALANCE DUE PRIOR TO SHIPMENT (UNLESS PRE-APPROVED TERMS ARE IN PLACE). CREDIT CARD OR CHECK PAYMENTS GLADLY ACCEPTED. ORDERS RECEIVED WITH INSUFFICIENT LICENSE OR PAYMENT INFORMATION WILL NOT BE PROCESSED UNTIL COMPLETE.**