

LONG FORMAT - 8.5”(w) x 3.667”(h)

<h2>PRACTITIONER INFO IMPRINTED HERE</h2>							NAME							
							DOB		GENDER					
							ADDRESS							
							DATE			PHONE				
Rx														
1-24	25-49	50-74	75-100	101-150	151 and over	MED/SIG	mg or %sol.	No. or cc.	Refill (check one)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

RESERVED FOR PRACTITIONER'S STAMP

SP 04

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

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." RE-ORDERS: (NOT FOR RX) ALPHA DESIGN & PRINT - 714/256-9543

RUB SEAL BRISKLY TO CHANGE COLOR

SHORT FORMAT - 5.5”(w) x 4.25”(h)

<h2>PRACTITIONER INFO IMPRINTED HERE</h2>										
Rx										
PATIENT NAME			DOB		GENDER					
ADDRESS				PHONE		DATE				
1-24	25-49	50-74	75-100	101-150	151 and over	MED. / SIG.	mg or %sol.	No. or cc.	Refill	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 4	<input type="checkbox"/> 5

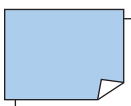
of Drugs Prescribed: _____ DO NOT SUBSTITUTE (Initials: _____) SUBSTITUTION WITH EQUIVALENT DRUG PERMITTED

Label in Spanish

PREScribing PRACTITIONER'S SIGNATURE: _____

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RUB SEAL BRISKLY TO CHANGE COLOR



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

CA Rx PRICING

(PLEASE CALL FOR GREATER QUANTITIES - SUBJECT TO CHANGE)

SINGLE PAGE FORM

QUANTITY (# of SCRIPTS)	PRICE*
75 (3 PADS OF 25)	\$ 69.00
300 (6 PADS OF 50)	\$180.00
600 (12 PADS OF 50)	\$200.00
1200 (24 PADS OF 50)	\$230.00
1800 (36 PADS OF 50)	\$260.00
2400 (48 PADS OF 50)	\$290.00
3000 (60 PADS OF 50)	\$320.00
3600 (72 PADS OF 50)	\$360.00
4800 (96 PADS OF 50)	\$420.00
6000 (120 PADS OF 50)	\$480.00

2 PART FORM

QUANTITY (# of SCRIPTS)	PRICE*
75 (3 PADS OF 25)	\$ 79.00
300 (6 PADS OF 50)	\$200.00
600 (12 PADS OF 50)	\$240.00
1200 (24 PADS OF 50)	\$300.00
1800 (36 PADS OF 50)	\$350.00
2400 (48 PADS OF 50)	\$410.00
3000 (60 PADS OF 50)	\$460.00
3600 (72 PADS OF 50)	\$520.00
4800 (96 PADS OF 50)	\$640.00
6000 (120 PADS OF 50)	\$760.00

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

ORDER FORM

CONTACT INFO: Person Placing Order: _____

Ph:() _____ Email: _____

INFORMATION TO BE PUT ON RX PAD:

Medical Firm/Clinic Name (If Applicable): _____

Address: _____ City: _____ Zip Code: _____

Phone #: () _____ Fax #: () _____

Please List In Order If More Than One: *(additional charges may apply if more than 7 providers listed)*

Practitioner's Name(s), Title(s)	CA License #*	DEA #*
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: _____

* 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