



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 \_\_\_\_\_

Rx

1-24	25-49	50-74	75-100	101-150	151+	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)

### PRACTITIONER INFO IMPRINTED HERE

Rx

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
<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

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

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).**



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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 May Be Imprinted In Black & White At NO Additional Charge. Shipping Additional (UPS Ground) Charged At Actual Cost (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) and Title (MD, etc.) \_\_\_\_\_

(List In Order If More Than One): 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: \_\_\_\_\_

(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.