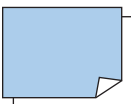


LONG FORMAT - 8.5”(w) x 3.667”(h)

PRACTITIONER INFO IMPRINTED HERE							NAME		LOT: JAN/19-30475			
							DOB		GENDER		1	
							ADDRESS					
							DATE		PHONE			
1-24	25-49	50-74	75-100	101-150	151 and over	Rx	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		
RESERVED FOR PRACTITIONER'S STAMP Serial# ABP190102A00001 SP 04							<input type="checkbox"/> DO NOT SUBSTITUTE (Initials: _____) <input type="checkbox"/> SUBSTITUTION WITH EQUIVALENT DRUG PERMITTED # of Drugs Prescribed: _____ <input type="checkbox"/> Label in Spanish PRESCRIBING PRACTITIONER'S SIGNATURE: _____ <small>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." TO RE-ORDER PADS (NOT for Rx refills) ALPHA DESIGN & PRINT - (714) 256-9543</small>				RUB SEAL BRISKLY TO CHANGE COLOR	

SHORT FORMAT - 5.5”(w) x 4.25”(h)

PRACTITIONER INFO IMPRINTED HERE							LOT: JAN/19-30476						
											1		
							PATIENT NAME					DOB	GENDER
							ADDRESS					PHONE	DATE
1-24	25-49	50-74	75-100	101-150	151 and over	Rx	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			
RESERVED FOR PRACTITIONER'S STAMP Serial# ABP190102A00001 SP04							<input type="checkbox"/> DO NOT SUBSTITUTE (Initials: _____) <input type="checkbox"/> SUBSTITUTION WITH EQUIVALENT DRUG PERMITTED # of Drugs Prescribed: _____ <input type="checkbox"/> Label in Spanish PRESCRIBING PRACTITIONER'S SIGNATURE: _____ <small>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." TO RE-ORDER PADS (NOT for RX refills) - (714) 256-9543 - ALPHA DESIGN & PRINT (SP04)</small>				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

Price does not include tax or shipping

SINGLE PAGE FORM

<u>QUANTITY (# of SCRIPTS)</u>	<u>PRICE*</u>
75 (3 PADS OF 25)	\$ 99.00
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

<u>QUANTITY (# of SCRIPTS)</u>	<u>PRICE*</u>
75 (3 PADS OF 25)	\$ 109.00
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: <input type="checkbox"/> LONG <input type="checkbox"/> SHORT	TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> 2 PART
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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, printing needed on back or adding logo to layout)*

Practitioner's Name(s), Title(s)	CA License #	DEA #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Credit Card Payment Info: Visa Mastercard Amex Discover

CC#: _____ **Exp. Date:** _____ **SC#:** _____