



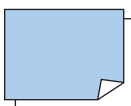
ALL SECURE RX'S COMPLY WITH THE LATEST DOJ GUIDELINES INCLUDING SERIAL NUMBERS AND BARCODES

SECURE Rx - LONG FORMAT - 8.5"(w) x 3.667"(h)

| <h2>PRACTITIONER INFO IMPRINTED HERE</h2> | | | | | | | NAME | | LOT: JAN/20-32466 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|----------|---|-------------------|--|--|--|-------|---------|--------------------|------|-------|-------|--------|---------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|---|
| | | | | | | | DOB | | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | DATE | | PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="6">Quantity</th> <th rowspan="2">Units</th> <th rowspan="2">MED/SIG</th> <th rowspan="2">Refill (check one)</th> </tr> <tr> <th>1-24</th> <th>25-49</th> <th>50-74</th> <th>75-100</th> <th>101-150</th> <th>151 and over</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> </tbody> </table> | | | | | | | Quantity | | | | | | Units | MED/SIG | Refill (check one) | 1-24 | 25-49 | 50-74 | 75-100 | 101-150 | 151 and over | <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 |
| Quantity | | | | | | Units | MED/SIG | Refill (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-24 | 25-49 | 50-74 | 75-100 | 101-150 | 151 and over | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> DO NOT SUBSTITUTE # of Drugs Prescribed: _____ <input type="checkbox"/> Label in Spanish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESCRIBING PRACTITIONER'S SIGNATURE: _____ <small>Document is printed using Security Features to ensure 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. Document has opaque area of writing that will disappear when lightened. Prescription is VOID if the number of drugs prescribed is not noted.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>  Serial#: ABA001A00001 </div> <div style="text-align: right;">  <small>RUB SEAL BRISKLY TO CHANGE COLOR</small> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECURE Rx - SHORT FORMAT - 5.5"(w) x 4.25"(h)

| <h2>PRACTITIONER INFO IMPRINTED HERE</h2> | | | | | | | LOT: JAN/20-32461 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------------------|-------------|---|--|--|--|-------|----|-------------|--------------------|------|-------|-------|--------|---------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|---|
| PATIENT NAME | | DOB | | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | PHONE | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="6">Quantity</th> <th rowspan="2">Units</th> <th rowspan="2">Rx</th> <th rowspan="2">MED. / SIG.</th> <th rowspan="2">Refill (check one)</th> </tr> <tr> <th>1-24</th> <th>25-49</th> <th>50-74</th> <th>75-100</th> <th>101-150</th> <th>151 and over</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5</td> </tr> </tbody> </table> | | | | | | | Quantity | | | | | | Units | Rx | MED. / SIG. | Refill (check one) | 1-24 | 25-49 | 50-74 | 75-100 | 101-150 | 151 and over | <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 |
| Quantity | | | | | | Units | Rx | MED. / SIG. | Refill (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-24 | 25-49 | 50-74 | 75-100 | 101-150 | 151 and over | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> DO NOT SUBSTITUTE # of Drugs Prescribed: _____ <input type="checkbox"/> Label in Spanish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PRESCRIBING PRACTITIONER'S SIGNATURE) _____ <small>Document is printed using Security Features to ensure 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. Document has area of opaque writing that will disappear when lightened. Prescription is VOID if the number of drugs prescribed is not noted.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>  Serial#: ABA001A00001 </div> <div style="text-align: right;">  <small>RUB SEAL BRISKLY TO CHANGE COLOR</small> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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

CA Rx PRICING

Pricing is the same for Long and Short Format - Price does not include tax or shipping

SINGLE PAGE FORM

| QUANTITY (# of SCRIPTS) | PRICE* |
|-------------------------|----------|
| 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

| QUANTITY (# of SCRIPTS) | PRICE* |
|-------------------------|----------|
| 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:** LONG SHORT **TYPE:** SINGLE 2 PART

ORDER FORM

Reference/Lot # from last order: _____

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 for extra providers, 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. _____

* \$3 charge for each additional provider if more than 7 providers

Credit Card Payment Info: Visa Mastercard Amex Discover

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