



You will be able to select your Prescriber per Pad Option PLUS we also have pads with wraparound covers

We have a custom imprint option for single prescribers.

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT™ BACKGROUND - NANOCOPY™

Prescribers Name, M.D.
 LIC#G12345 • DEA#YZ1234567
 Clinic Name
 Specialty
 123 Main Street, Ste. A
 Anytown, CA 93446
 (800)123-4567 • Fax (800)987-6543

VOID APPEARS WHEN COPIED

Rx Name _____ D.O.B. _____
 Address _____

1)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do not substitute Initial _____
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do not substitute Initial _____
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do not substitute Initial _____

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER


Prescription is void if the number of drugs prescribed is not noted. 1 2 3

Date _____

TOUCH OR BREATHE ON TOUCHSAFE® FINGERPRINT TO VALIDATE

We have a custom imprint option for single prescribers centered plus you can upload your own optional logo!

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT™ BACKGROUND - NANOCOPY™

 Family Medical Group
 Samuel Adams
 Pediatrics
 LIC# 646464 • DEA# DF654654
 1234 Main Street
 Ventura, CA 93004
 (805)328-6565 • Fax (565)545-6846
 Cell(651)651-4651

VOID APPEARS WHEN COPIED

Rx Name _____ D.O.B. _____
 Address _____

1)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do not substitute Initial _____
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Date _____

TOUCH OR BREATHE ON TOUCHSAFE® FINGERPRINT TO VALIDATE

We have a custom imprint option for placing multiple prescribers on one pad.



Heritage Press

COMMERCIAL & SECURITY PRINTING

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT™ BACKGROUND - NANOCOPY™

Clinic Name

Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	123 Main Street, Ste. A Anytown, CA 93440 (800)123-4567 • Fax (800)987-6543
Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	123 Main Street, Ste. A Anytown, CA 93440 (800)123-4567 • Fax (800)987-6543
Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	Prescribers Name M.D. LIC# YZ1234567 • DEA# G12345 Specialty	123 Main Street, Ste. A Anytown, CA 93440 (800)123-4567 • Fax (800)987-6543

Rx Name _____ D.O.B. _____
Address _____

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Prescription is void if the number of drugs prescribed is not noted. 1 2 3

X _____ Date _____

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Please note that there are 9 fields available under this option with no more than 3 addresses.

Example:

6 prescribers and 3 addresses

7 prescribers and 2 addresses

8 prescribers and 1 address

This is a photo of one of our Pads with a wraparound cover

