

Order Blank for California Standard Format Secure Prescription Forms

Please complete this form and email to: info@pacificprinting.com or fax to 661-257-3431.

We are required to have a copy of your DEA Registration before we can process any order (including reorders). Please fax your DEA Registration at the time of this order.



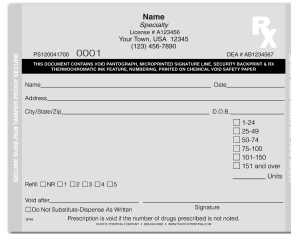
Pacific Printing
C O M P A N Y

28150 Avenue Crocker, Suite 220, Valencia, CA 91355
661-257-6000 • 800-640-0992
661-257-3431 Fax

Approved by the California Department of Justice & State Pharmacy Board

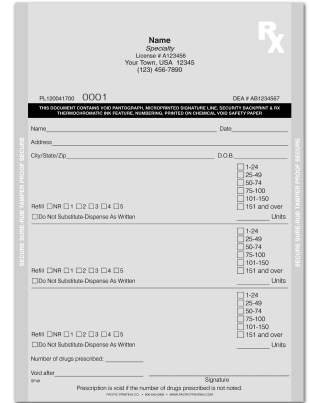
STANDARD FORMAT CALIFORNIA SECURE PRESCRIPTION FORMS

Standard Security Features: Void Pantograph, Security Features Listed in Security Border on Face, Security Backprinting, Reverse Rx on Top Right Corner, Batch Sequential Number, Microprint Signature Line, Thermochromatic Ink Feature, Printed on Chemical Void Safety Paper.



(Standard Size Form 4" x 5")
Base Copy Blue –
Imprint Information Black

(Large Size Form 5" x 7")
Base Copy Blue –
Imprint Information Black
(For up to three controlled
substance prescription)



COMPLETE INFORMATION REQUIRED ON PAGE 1 AND 2 BEFORE ORDER WILL BE ENTERED

PRACTICE/PHYSICIAN NAME _____ DATE _____

Please Check One: New Customer Existing Customer – **Re-Order** Existing Customer – **New Order**

Re-Order # _____ Exact Reprint Changes Required
Located in the upper left hand corner of each scrip beginning with the letter "P"

In the Quantity Box indicate the number of Prescription Pads you're requesting.

For Laser Compatible Prescription Forms, indicate the number of forms you're requesting.

Refer to Current Price List for Available Quantities and Pricing – All First Time Orders Will be Sequentially Numbered Starting at #0001

Standard set-up for one prescriber at one address is included in our base price. Additional prescribers and/or address' is extra.

Non-standard layout (including font style change) requires a separate design charge that starts at \$30.00.

Quantity	Description	Price Each	Total
1	Part Standard Size (4" x 5" – Pads of 100)		
2	Part Standard Size (Second Part Blank, 4" x 5" – Pads of 50)		
1	Part Large Size (5" x 7" – Pads of 100)		
2	Part Large Size (Second Part Blank, 5" x 7" – Pads of 50)		
	Laser Compatible (5" x 7" on an 8 1/2" x 11" Carrier)		
	Additional Prescriber(s) and/or Addresses – \$9.75 For Each Additional Prescriber and/or Address	9.75	

Sub Total

If you want to avoid a shipping charge, your order **MUST** exceed our minimum order or be picked up by an authorized person.

California Sales Tax
(Indicate your Tax Rate: _____ %)

Shipping & Handling
(Orders above \$400 Shipping & Handling is FREE)

New Customers:

Payment in advance is required.
Complete the "Payment Options" section below.
Be sure and send (via email or fax) your current DEA registration(s).

Grand Total

Payment Options:

Pre-pay with Major Credit Card – Visa MasterCard American Express Discover Check Enclosed

Account Number _____ Expiration Date _____ CVC # _____

Billing Address _____

City _____ State _____ Zip _____

COMPLETE INFORMATION REQUIRED ON PAGE 1 AND 2 BEFORE ORDER WILL BE ENTERED

(Please Print Clearly)

PRACTICE NAME _____

* PHYSICIAN NAME _____

SPECIALTY _____

* ADDRESS *(No P.O. Box Allowed)* _____

* CITY _____ * STATE _____ * ZIP _____

* PHONE _____ * FAX _____

* EMAIL ADDRESS _____

* DEA # _____ * LICENSE # _____
(Must Email or Fax a Copy of DEA Registration with Order)

* PHYSICIANS SIGNATURE *(Or Authorized Employee)* _____ * DATE _____

* *Required Fields*

ADDITIONAL PRESCRIBERS

(Limited to 5 additional prescribers for standard size pads or 7 additional prescribers for large pads)

PHYSICIAN NAME _____

* DEA # _____ * LICENSE # _____
(Must Email or Fax a Copy of DEA Registration with Order)

PHYSICIAN NAME _____

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PHYSICIAN NAME _____

* DEA # _____ * LICENSE # _____
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(Additional prescribers for large pads only)

PHYSICIAN NAME _____

* DEA # _____ * LICENSE # _____
(Must Email or Fax a Copy of DEA Registration with Order)

PHYSICIAN NAME _____

* DEA # _____ * LICENSE # _____
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Pacific Printing Company

(661) 257-6000 (800) 640-0992 Toll-Free (661) 257-3431 Fax

California State Secure Prescription Pad Price List

(Effective September 6, 2016)

Single-Part Standard Size (4 x 5)

100-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	100	\$59.95	\$59.95
4	400	\$23.30	\$93.20
5	500	\$19.90	\$99.50
8	800	\$15.70	\$125.60
10	1000	\$13.30	\$133.00
20	2000	\$12.65	\$253.00
25	2500	\$12.60	\$315.00
40	4000	\$9.65	\$386.00
50	5000	\$9.60	\$480.00
60	6000	\$9.50	\$570.00
80	8000	\$9.20	\$736.00

Two-Part Standard Size (4 x 5)

50-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	50	\$74.00	\$74.00
4	200	\$30.40	\$121.60
5	250	\$25.70	\$128.50
8	400	\$18.50	\$148.00
10	500	\$16.30	\$163.00
20	1000	\$13.80	\$276.00
25	1250	\$13.70	\$342.50
40	2000	\$12.10	\$484.00
50	2500	\$12.00	\$600.00
60	3000	\$11.85	\$711.00
80	4000	\$11.55	\$924.00

Single-Part Large Size (5 x 7)

100-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	100	\$84.95	\$84.95
5	500	\$43.25	\$216.25
10	1000	\$29.75	\$297.50
20	2000	\$23.80	\$476.00
25	2500	\$23.75	\$593.75
40	4000	\$19.30	\$772.00
50	5000	\$18.20	\$910.00

Two-Part Large Size (5 x 7)

50-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	50	\$98.00	\$98.00
5	250	\$50.45	\$252.25
10	500	\$31.30	\$313.00
20	1000	\$25.60	\$512.00
25	1250	\$25.55	\$638.75
40	2000	\$21.30	\$852.00
50	2500	\$20.00	\$1,000.00

Laser Prescription Forms

(5x7 Prescription Script Area on an 8-1/2 x 11 Carrier)

No. of Forms	Total Price
100	\$98.60
500	\$227.00
1000	\$312.40
2500	\$623.50
5000	\$955.50
10000	\$1,329.80

Shipping & Handling Charges

(Includes Proof of Delivery as required by State)

Charges at Least	But Not More Than	Shipping Charge
\$0.01	\$165.00	\$19.00
\$165.01	\$280.00	\$21.00
\$280.01	\$400.00	\$23.00
\$400.01	& Up	FREE
COD Charge*		\$9.50

Set-Up Charge

First Name/Address	Included
Additional Names/Address	\$9.75/each

Price List Notes

*Prepay using credit card and save the COD fee.

Prices subject to change without notice.

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