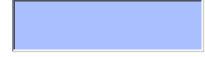
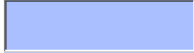


PRESCRIPTION PAD ORDER FORM



Order Type New Repeat with Change Exact

Customer Name

Address

Account Number

Phone Number

Fax Number

Prescriber Information (as it will appear on form)

* Required Field

Clinic or Business Name

*Prescriber Name

Specialty

*Address *Ste

*City *State *Zip

*Phone #

*License # DEA #

NPI # IF STATE REQUIRED, INCLUDE DEA #

Method of Payment Check Cash PO Credit Card

SHIP-TO: Click here if same as above. **(A California address must be on file under the prescribers CA License # or DEA#)**

Business/Prescriber Name

*Address *Ste

*City *State *Zip

For CA, DE, FL, GA, IN, KY, ME, WA, WV, WY -
Is authorized contact person same as above Prescriber?

Yes

If No, Include Name

Form Number / Order Quantity Form Number Proof? YES NO

One Part Pads	CA Pads**	Two Part Books
4 Pads	1pt 2pt	9 Books *
8 Pads	8 Pads	18 Books
12 Pads	16 Pads	27 Books
16 Pads	24 Pads	36 Books
20 Pads	32 Pads	45 Books
40 Pads	40 Pads	81 Books
60 Pads	56 Pads	117 Books
80 Pads	80 Pads	162 Books

Enter Additional Prescribers on Page 2

Total # of Prescribers

Total # of Addresses

Design

1 part Pads (100 forms per pad)
2 part Books (50 sets per book, wraparound cover, printed on part 2)

Security Features

- Void Pantograph
- Reverse Rx
- Batch Numbers, if specified
- Preprinted prescriber information
- Blue or Green background on white paper
- ThermoChromic Ink
- Microprint Line
- Watermark on Back
- Chemical Protection Paper

SECURE PADS/BOOKS

*4 pads/ 9 books minimum order
All orders must be in multiple of 4 pads or 9 books
**Numbered pads must be ordered in multiples of 8

PLAIN BOND PADS

8 pads minimum order. All orders must be in multiple of 4 pads.

TEL: (800) 494 - 5637
FAX: (800) 553 - 4849
EMAIL: wcs@4wilmer.com

ADDITIONAL PRESCRIBERS

Additional Prescribers (as it will appear on form)

* Required Field

Clinic or Business Name	<input type="text"/>				
*Prescriber Name	<input type="text"/>				
Specialty	<input type="text"/>				
*Address	<input type="text"/>	*Ste	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>	*Zip	<input type="text"/>
*Phone #	<input type="text"/>				
*License #	<input type="text"/>	DEA #	<input type="text"/>		
NPI #	<input type="text"/>	IF STATE REQUIRED, INCLUDE DEA #			

Clinic or Business Name	<input type="text"/>				
*Prescriber Name	<input type="text"/>				
Specialty	<input type="text"/>				
*Address	<input type="text"/>	*Ste	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>	*Zip	<input type="text"/>
*Phone #	<input type="text"/>				
*License #	<input type="text"/>	DEA #	<input type="text"/>		
NPI #	<input type="text"/>	IF STATE REQUIRED, INCLUDE DEA #			

Clinic or Business Name	<input type="text"/>				
*Prescriber Name	<input type="text"/>				
Specialty	<input type="text"/>				
*Address	<input type="text"/>	*Ste	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>	*Zip	<input type="text"/>
*Phone #	<input type="text"/>				
*License #	<input type="text"/>	DEA #	<input type="text"/>		
NPI #	<input type="text"/>	IF STATE REQUIRED, INCLUDE DEA #			