

PRESCRIPTION LASER SHEET ORDERFORM

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 # IF STATE REQUIRED, INCLUDE DEA #
 NPI #

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 - Yes
Is authorized contact person same as above Prescriber? If No , Include Name

Form Number / Order Quantity Form Number Proof? YES NO

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Package | <input type="checkbox"/> Imprint | <input type="checkbox"/> 8500 |
| <input type="checkbox"/> 500 | <input type="checkbox"/> 4500 | <input type="checkbox"/> 9000 |
| <input type="checkbox"/> 1000 | <input type="checkbox"/> 5000 | <input type="checkbox"/> 9500 |
| <input type="checkbox"/> 1500 | <input type="checkbox"/> 5500 | <input type="checkbox"/> 10000 |
| <input type="checkbox"/> 2000 | <input type="checkbox"/> 6000 | <input type="checkbox"/> 10500 |
| <input type="checkbox"/> 2500 | <input type="checkbox"/> 6500 | <input type="checkbox"/> 11000 |
| <input type="checkbox"/> 3000 | <input type="checkbox"/> 7000 | <input type="checkbox"/> 11500 |
| <input type="checkbox"/> 3500 | <input type="checkbox"/> 7500 | <input type="checkbox"/> 12000 |
| <input type="checkbox"/> 4000 | <input type="checkbox"/> 8000 | <input type="checkbox"/> <input type="text"/> |

Enter Additional Prescribers on Page 2

Total # of Prescribers
 Total # of Addresses

Design

- 1up (full) 8 ½ x 11 scripts
- 2up (half) 8 ½ x 5 ½ scripts
- 4up (quarter) 4 ¼ x 5 ½ scripts

Security Features

- Void Pantograph
- Reverse Rx, if state mandated
- Batch Numbers, if specified
- Preprinted prescriber information
- Blue or Green background on white paper

- Thermochromic Ink
- Microprint
- Watermark on Back
- Chemical Protection Paper
- Invisible fluorescent fibers*
- Coin reactive ink

*On most security paper

Packaged goods – Polywrapped in 500's
 Imprinted goods – Polywrapped in 250's

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			

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