

UNITED STATES COUNTERFEIT-RESISTANT PRESCRIPTIONS

**MEDICAID COMPLIANT**

WSMA MEMBER ID:

**ORDER FORM**

\* ACCOUNT NUMBER:   NEW ORDER  REORDER (no changes)  REORDER (with changes)

Enter your info as you would like to see it: (Please print clearly)

(Please indicate your order type)

[ DEA # usually goes here ]  [ Lic. # usually goes here ]   
 .....  
 .....  
 .....  
 .....  
 [ Tel # usually goes here ]  [ Fax # usually goes here ]

**PLEASE PROVIDE:**  
(Select checkbox to print option on pad)

PRINT  
 Tel #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 DEA #: \_\_\_\_\_  
 Lic. #: \_\_\_\_\_

\* Not enough room? Additional customization requests can be added on a separate page with your fax

**ORDER:**  ADD CONSECUTIVE NUMBERING  ADD \$0.95 per pad \* *\* Portrait format pricing*

**1 PART SECURE PADS**

| # of Pads | Shipping (incl.) | NON MEMBER Pricing       |           | MEMBER Pricing |                          |           |           |
|-----------|------------------|--------------------------|-----------|----------------|--------------------------|-----------|-----------|
|           |                  | ORDER                    | Net Price | ORDER          | Total                    |           |           |
| 20        | \$ 13.93         | <input type="checkbox"/> | \$ 62.95  | \$ 76.88       | <input type="checkbox"/> | \$ 53.51  | \$ 67.44  |
| 40        | \$ 17.93         | <input type="checkbox"/> | \$ 115.95 | \$ 133.88      | <input type="checkbox"/> | \$ 98.56  | \$ 116.49 |
| 80        | \$ 24.93         | <input type="checkbox"/> | \$ 220.95 | \$ 245.88      | <input type="checkbox"/> | \$ 187.81 | \$ 212.74 |
| 128       | \$ 28.93         | <input type="checkbox"/> | \$ 318.95 | \$ 347.88      | <input type="checkbox"/> | \$ 271.11 | \$ 300.04 |
| 200       | \$ 42.93         | <input type="checkbox"/> | \$ 452.95 | \$ 495.88      | <input type="checkbox"/> | \$ 385.01 | \$ 427.94 |

1 Part = 100 scripts per Pad

**2 PART (duplicate) SECURE PADS**

| # of Pads | Shipping (incl.) | NON MEMBER Pricing       |             | MEMBER Pricing |                          |             |             |
|-----------|------------------|--------------------------|-------------|----------------|--------------------------|-------------|-------------|
|           |                  | ORDER                    | Net Price   | ORDER          | Total                    |             |             |
| 24        | \$ 13.93         | <input type="checkbox"/> | \$ 112.52   | \$ 126.45      | <input type="checkbox"/> | \$ 95.64    | \$ 109.57   |
| 48        | \$ 17.93         | <input type="checkbox"/> | \$ 214.52   | \$ 232.45      | <input type="checkbox"/> | \$ 182.34   | \$ 200.27   |
| 120       | \$ 29.93         | <input type="checkbox"/> | \$ 509.52   | \$ 539.45      | <input type="checkbox"/> | \$ 433.09   | \$ 463.02   |
| 200       | \$ 46.93         | <input type="checkbox"/> | \$ 806.52   | \$ 853.45      | <input type="checkbox"/> | \$ 685.54   | \$ 732.47   |
| 500       | \$ 84.93         | <input type="checkbox"/> | \$ 1,620.52 | \$ 1,705.45    | <input type="checkbox"/> | \$ 1,377.44 | \$ 1,462.37 |

2 Part = 50 scripts per Pad

**8½" X 11" EMR & PRESCRIPTION PAPER**  BLANK (OR)  PRE-PRINTED - ADD: \$10

| # of Sheets | Shipping (incl.) | NON MEMBER Pricing       |             |                   | MEMBER Pricing           |             |                   |
|-------------|------------------|--------------------------|-------------|-------------------|--------------------------|-------------|-------------------|
|             |                  | ORDER                    | Net Price   | Total (shp incl.) | ORDER                    | Net Price   | Total (shp incl.) |
| 1,000       | \$ 14.95         | <input type="checkbox"/> | \$ 80.00    | \$ 94.95          | <input type="checkbox"/> | \$ 68.00    | \$ 82.95          |
| 2,000       | \$ 19.95         | <input type="checkbox"/> | \$ 150.00   | \$ 169.95         | <input type="checkbox"/> | \$ 127.50   | \$ 147.45         |
| 5,000       | \$ 29.95         | <input type="checkbox"/> | \$ 345.00   | \$ 374.95         | <input type="checkbox"/> | \$ 293.25   | \$ 323.20         |
| 10,000      | \$ 44.95         | <input type="checkbox"/> | \$ 652.00   | \$ 696.95         | <input type="checkbox"/> | \$ 554.20   | \$ 599.15         |
| 20,000      | \$ 74.95         | <input type="checkbox"/> | \$ 1,195.00 | \$ 1,269.95       | <input type="checkbox"/> | \$ 1,015.75 | \$ 1,090.70       |

\* EMR SOFTWARE:

\* MAKE OF PRINTER:

\* Required only for EMR paper orders

\* Required only for EMR paper orders

CARD NUMBER:  PAYMENT METHOD:  CHECK INCLUDED

EXPIRY DATE:  DATE:   VISA

CARDHOLDER SIGNATURE:   MASTERCARD

SHIP TO:

CONTACT NAME:

TELEPHONE #:

FAX #:

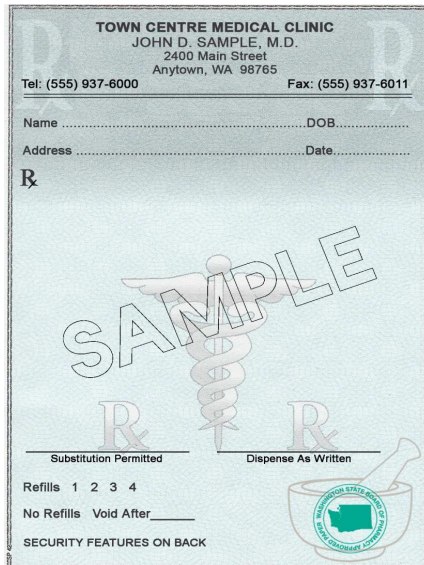
EMAIL ADDRESS:

EXPRESS DELIVERY OPTION -- four business day service [ ADD \$60.00 ]

# PRODUCT EXAMPLES

*\* All items are pre-printed with counterfeit-resistant security features*

## 4" X 5 1/2" PRESCRIPTION PAD:



TOWN CENTRE MEDICAL CLINIC  
JOHN D. SAMPLE, M.D.  
2400 Main Street  
Anytown, WA 98765  
Tel: (555) 937-6000 Fax: (555) 937-6011

Name .....DOB.....  
Address .....Date.....

Rx

SAMPLE

Substitution Permitted      Dispense As Written

Refills 1 2 3 4  
No Refills Void After \_\_\_\_\_

SECURITY FEATURES ON BACK

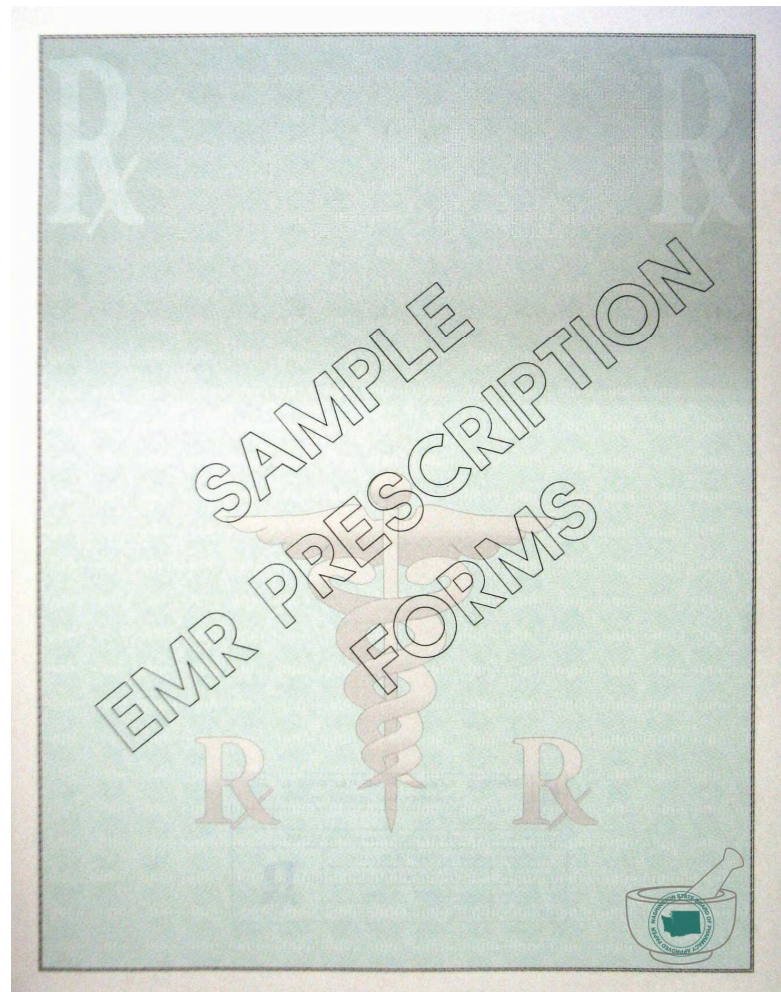
*\* These forms are compliant with new Washington State prescription pad regulations going into effect as of 1 July 2010. Rx Security is an approved supplier of these forms.*

## Customize!

with options such as:

- numbering
- additional prescriber Names/Addresses
- multiple prescriptions per script
- **AND MORE ...**

## 8 1/2" X 11" EMR PRESCRIPTION PAPER



WARNING: ABSENCE OF THE FOLLOWING SECURITY FEATURES MAY INDICATE ALTERATION

| FEATURE       | DESCRIPTION                         |
|---------------|-------------------------------------|
| MICRO-PRINT   | LETTERS IN BORDER CAN NOT BE COPIED |
| BACKGROUND    | SHOWS ATTEMPTS TO ALTER             |
| WATERMARK     | HOLD BACK AT 45° TO VIEW            |
| SCREEN        | SHOWS "VOID" IF COPIED              |
| "Rx" AT RIGHT | RUB TO CLEAR                        |

DEA # AB1234567      TOWN CENTRE MEDICAL CLINIC      Lic. # A54321  
JOHN D. SAMPLE, MD  
2400 Main Street  
Anytown, OH 01234  
Tel: (555) 937-6000      Fax: (555) 937-6011

Name .....Age.....  
Address.....

SAMPLE  
EMR PRESCRIPTION FORMS

### HAVE A LOOK AT SOME OF OUR SECURITY FEATURES!

1. Opaque "Rx" in background
2. Artificial watermark on back visible at 45 degree angle
3. Micro printed border
4. Copy and erasure resistant background
5. Thermochromic ink box (printed on back) outlining security features
6. Thermochromic "Rx" disappears when rubbed or heated
7. VOID appears on any reproduction