

Delaware Prescription Blanks Order Form

Quill.com is an approved vendor for the Delaware State Counterfeit-Proof Prescription Program.

We have met the tough requirements of Delaware law and stand ready to assist you in meeting state regulations as quickly and easily as possible. Our counterfeit-proof prescription blanks meet the requirements of both Medicaid and controlled substance prescribing.

To order counterfeit-resistant prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Delaware law does not permit phone orders. Our helpful telephone representatives will be happy to answer your questions before you place your written order. Feel free to call us toll-free at **800-789-1186**.

Security Features

- “Void” pantograph appears if photocopied
- Solvent reactivity
- Security featured listing
- Sequential numbering
- 2 signature lines
- Delaware security prescription
- Chemical void (in 6 languages)
- Coin-reactive ink
- Thermochromatic ink feature
- Solid-colored background

FAX: 800-328-0023
EMAIL: rx@Quill.com

COMPLETE ORDER FORM and SUBMIT TO:

- **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55445-0200
- If you have any questions, call 800-789-1186

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BILL TO: Please supply the appropriate name and mailing address for billing.*	SHIP TO:	IMPORTANT
Cardholder's Name _____	Name _____	Prescriptions may ONLY be shipped to the practitioner's address of record on file with the Delaware Department of Public Relations (DE PDR). Shipment must be signed for by an adult.
Address _____	Address _____	
City _____ State _____ Zip _____	City _____ State _____ Zip _____	

If we have questions on your order, whom should we contact?

Name _____ Phone/Cell _____ E-mail _____

PRICING								
<u>Item Number</u>	<u>Description</u>	<u>No./Parts</u>	<u>Size</u>	<u>Qty./Pad</u>		<u>Price/Pad</u>		
					5	10	20+	
990-PC4DE	Single Prescription	1	5½x4¼"	100	\$22.99	\$17.49	\$12.99	
Minimum order: 5 pads (must order in increments of 5).								
<u>Item Number</u>	<u>Description</u>	<u>No./Parts</u>	<u>Size</u>	<u>Qty./Pad</u>		<u>Price/Pad</u>		
					10	20	40	80+
990-PC4DE2	Single Prescription	2	5½x4¼"	50	\$15.99	\$13.49	\$10.99	\$9.99
Minimum order: 10 pads (must order in increments of 10).								
<u>Item Number</u>	<u>Description</u>	<u>No. of Parts</u>	<u>Size</u>	<u>Qty./Pad</u>		<u>Price/Pack</u>		
					5	10	20+	
990-PRES1LDE	Laser Top Left	2	8½x11"	100	\$51.99	\$38.49	\$30.99	
990-PRES4LDE	4/Page	2	8½x11"	100	58.49	42.99	35.49	
Minimum order: 5 pads (must order in increments of 5).								

SEND FREE PROOF TO: (charges apply to custom items only)

Fax _____

E-mail _____

PLEASE SEND ME:			
Item No.	Qty.	Description	Price From Chart Above
Custom Item Setup and Proof Charge - \$30			
Body Printing, add \$16.80			
** Quill corporation collects tax in all states that have a sales/use tax. Please add tax at applicable rate.			
**Sales Tax			

METHOD OF PAYMENT:	
We cannot accept CODs. Do not send cash.	
<input type="checkbox"/> BILL ME Open accounts for businesses only. Invoice mails separately within 2 days of shipment. Payment is due within 30 days from date of invoice. New accounts are subject to credit approval. Prepayment by check or credit card helps facilitate your order through our Credit Department.	<input type="checkbox"/> CHECK ENCLOSED Payment in US dollars only.
	<input type="checkbox"/> CREDIT CARD Check if you want to pay by credit card. Once order is received, we will contact you for the CC information.
* Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.	

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IMPORTANT: The information requested below must be filled out in order for us to process your order.

- License number is required for printer validation. Pre-printing the number on your Rx blanks is optional
- DEA number is optional. If provided, we will pre-print the number on your Rx blanks

PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads

Name	Degree	License # Required for verification.	DEA # Optional. We will pre-print a blank line if the number is not provided	Signature One designated practitioner's signature is required

Security Code Required for Printer Validation _____ Designated Prescriber Name: _____ License# _____

CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail what you want pre-printed or attach a sample.

*Your 100% Satisfaction
is Guaranteed*

**Thank You
for Your Order.**

OPTIONS:

Style:

Landscape

Portrait

Body Print: Please provide text and layout

Pre-print regular non-scheduled prescription information in the body of the Rx blank for an additional charge

Labeling Info:

Spanish check box

Patient Info:

DOB

M/F

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