

Kentucky Controlled Substance Prescription Order Form

Quill.com is an approved vendor for Kentucky security Rx blanks.

Offering our highest standards in state-regulated prescription blanks in accordance with Kentucky law, we have met the stringent requirements regarding written prescriptions for controlled substances and stand ready to assist you in meeting your state regulations as quickly and easily as possible.

To order Kentucky controlled substance prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Order form must be signed by each practitioner whose name shall be pre-printed on the security prescription blanks.

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**.

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000
LIC. # 00000000 DEA # _____

Name _____
Address _____ Date _____

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Refill NR 1 2 3 4 5

**(Print your patient instructions
and prescription information here)**

Security Features

1. Latent, repetitive “void” pattern in green to help prevent photocopying.
2. State mandated format(s).
3. Opaque Rx symbol that disappears if the prescription copy is lightened.
4. Six (6) pre-printed quantity check-off boxes required.
5. “Prescription is void if more than one (1) prescription is written per blank” printed on bottom of prescription blank.
6. Refill options on left side.
7. Prescription is pre-printed with the name, address and telephone number of the prescribing practitioner.
8. Reverse Rx symbol
9. Security backdrop

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

COMPLETE ORDER FORM and SUBMIT TO:

- **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200
- 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.*

Cardholder's Name _____
 Address _____

 City _____ State _____ Zip _____

SHIP TO: Please supply the designated prescriber's name and address for shipping.

Name _____
 Address _____

 City _____ State _____ Zip _____

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

Name _____ Phone/Cell _____ E-mail _____

PRICING

SINGLE COPY RX BLANKS

Item Number	No. of Parts	Qty./ Pad	Price/Pad			
			10	20	40	80+
497-16039	1	100	\$9.49	\$8.99	\$7.99	—
497-PC4KY2	2	50	15.49	11.49	9.49	8.49

Minimum order: 10 pads (must order in increments of 10). Size: 5½x4¼"

FORMATTED LASER PAPER RX BLANKS

Item Number	Qty./ Pack	Price/Pack		
		5	10	20+
497-10704	100	\$36.99	\$33.49	\$29.49

Minimum order: 5 packs (must order in increments of 5). Sheet size: 8½x11";
 Script size: 5½x4"

SEND FREE PROOF TO:

Fax _____

E-mail _____

PLEASE SEND ME:

Item No.	Qty.	Description	Price From Chart Above

Back Printing, add \$27

Quill.com collects tax in all states that have a sales/use tax. Please add tax at applicable rate.

Sales Tax

Total

METHOD OF PAYMENT:

We cannot accept CODs. Do not send cash.

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.

CHECK ENCLOSED

Payment in US dollars only.

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
- Each practitioner whose name shall be printed on the security prescription blank must sign this form

PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads.				
Name	Degree	License # Optional	DEA # Optional. We will pre-print a blank line if number is not provided	Signature Required for each prescriber listed

LICENSE # Required for Printer Validation: _____

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

OPTIONS:

Labeling Info:
 Spanish Check Box

Patient Info:
 DOB
 M/F

**Thank You
for Your Order**

*Your 100% Satisfaction
is Guaranteed*

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EMAIL: rx@Quill.com

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