Maine Controlled Substance Prescription Order Form

In accordance with Maine law regarding written prescriptions for schedule II drugs, we have met the stringent requirements and stand ready to assist you in meeting state regulations as quickly and easily as possible.

Maine law does not permit phone orders. To order counterfeit-proof prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. 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.

<table>
<thead>
<tr>
<th>Security Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A latent “void” pattern is printed across the entire width of the front of the blank, so if a prescription is photocopied, the word “void” will appear in a pattern across the entire front of the prescription.</td>
</tr>
<tr>
<td>2. The prescription blank contains the symbol Rx printed with red thermochromatic ink that disappears if rubbed or scratched briskly.</td>
</tr>
<tr>
<td>3. Microprint signature line.</td>
</tr>
<tr>
<td>4. Security backprinting</td>
</tr>
<tr>
<td>5. Watermark</td>
</tr>
</tbody>
</table>

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Maine Controlled Substance Prescription Order Form

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.

Name _________________________________________________________________
Address __________________________________________________________________
City _________________________________ State ________________ Zip __________

If we have questions on your order, whom should we contact?
Name __________________________________________________________________
Phone/Cell ________________________________ Fax __________________________
E-mail _________________________________________________________________

Pricing

SINGLE COPY RX BLANKS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty./Pad</th>
<th>Price/Pad 5</th>
<th>Price/Pad 10</th>
<th>Price/Pad 20+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-17009P</td>
<td>100</td>
<td>$20.49</td>
<td>$18.49</td>
<td>$17.49</td>
</tr>
</tbody>
</table>

Minimum order: 5 pads (must order in increments of 5). Size: 4⅛x5⅛".

2-PART RX BLANKS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty./Pad</th>
<th>Price/Pad 10</th>
<th>Price/Pad 20</th>
<th>Price/Pad 40</th>
<th>Price/Pad 80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-PC4ME2</td>
<td>50</td>
<td>$18.69</td>
<td>$13.99</td>
<td>$10.99</td>
<td>$9.69</td>
</tr>
</tbody>
</table>

Minimum order: 10 pads (must order in increments of 10). Size: 4⅛x5⅛".

FORMATTED LASER PAPER RX BLANKS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty./Pack</th>
<th>Price/Pack 5</th>
<th>Price/Pack 10</th>
<th>Price/Pack 20+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-10708P</td>
<td>100</td>
<td>$41.49</td>
<td>$36.99</td>
<td>$34.49</td>
</tr>
</tbody>
</table>

Minimum order: 5 packs (must order in increments of 5). Sheet size: 8⅝x11"; Script size: 5⅝x4¾".

PLEASE SEND ME:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty.</th>
<th>Description</th>
<th>Price From Chart Above</th>
</tr>
</thead>
<tbody>
<tr>
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Serial Numbering, add $27

Body Printing, add $16.80

Sales Tax†

Total

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

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.

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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**Maine Controlled Substance Prescription Order Form**

**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 blanks is optional
- DEA number is optional. If provided, we will pre-print the number on your blanks
- The Maine Drug Enforcement Agency requires a signed order form by a healthcare provider whose name is to be printed on the blank

**PRESCRIBER INFORMATION:** Only list multiple prescribers if you want all of them printed on the same form.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>License # Optional</th>
<th>DEA # Optional</th>
<th>Signature</th>
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**LICENSE # Required for Printer Validation:**

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

________________________________________

________________________________________

________________________________________

________________________________________

**OPTIONS:**

- Serial Numbering. Starting #
  Add serial numbering for an additional charge
- 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

**Thank You for Your Order**

**COMPLETE ORDER FORM and SUBMIT TO:**

- **FAX:** 800-328-0023
- **EMAIL:** rx@Quill.com
- **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200
  If you have any questions, call 800-789-1186