

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**.



Security Features

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.
2. The prescription blank contains the symbol Rx printed with red thermochromatic ink that disappears if rubbed or scratched briskly.
3. Microprint signature line.
4. Security backprinting
5. Watermark

FAX: 800-328-0023 **COMPLETE ORDER FORM and SUBMIT TO:**
EMAIL: rx@Quill.com • **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.

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

Item Number	Qty./Pad	5	Price/Pad 10	20+
497-17009P	100	\$20.49	\$18.49	\$17.49

Minimum order: 5 pads (must order in increments of 5). Size: 4¼x5½"

2-PART RX BLANKS

Item Number	Qty./Pad	10	Price/Pad 20	40	80+
497-PC4ME2	50	\$18.69	\$13.99	\$10.99	\$9.69

Minimum order: 10 pads (must order in increments of 10). Size: 4¼x5½"

FORMATTED LASER PAPER RX BLANKS

Item Number	Qty./Pack	5	Price/Pack 10	20+
497-10708P	100	\$41.49	\$36.99	\$34.49

Minimum order: 5 packs (must order in increments of 5).
 Sheet size: 8½x11"; Script size: 5¼x4"

SEND FREE PROOF TO:

Fax _____
 E-mail _____

PLEASE SEND ME:

Item No.	Qty.	Description	Price From Chart Above
		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.

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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 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.

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

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**

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