

Washington Prescription Blank Order Form

Quill.com is an approved vendor for Washington State security prescription blanks.

Washington Rx blank security features:

- "Void" pantograph if photocopied
- · Security features printed on front
- Microprint signature line
- Security watermark on back states "Security Prescriptions"
- Chemical-reactant stain appears to make prescription form unusable if chemically altered
- The state-approved mortar and pestle watermark

Offering our highest standards in state-regulated prescription blanks in accordance with Washington state 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.

The overview below includes important facts you should know about the law. To order Washington state 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. Call us toll-free at 800-789-1186.



Overview of Requirements

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Effective July 1, 2010, to prevent unauthorized copying, altering and forgery of prescription forms, every prescription written in the state of Washington by a licensed practitioner must be written on tamper-resistant prescription pads or paper (TRPP) approved by the Pharmacy Board. This includes over-the-counter products dispensed with a prescription.

Washington law requires that every prescription include:

- 1. Two signature lines for prescriber and patient information.
- 2. The approved seal located in bottom right of prescription form.
 - Washington State outline map is center within a mortar and pestle watermark behind the seal.
 - 20% black for the "watermark" mortar and pestle.

Washington has approved the use of board-approved tamper-resistant paper, with the seal, to be printed in the office. Prescribers are responsible for safeguarding prescription pads and paper from theft.

Tamper-resistant prescription paper or pads are not required when: prescriptions are transmitted to the pharmacy electronically, by telephone or by facsimile; prescriptions are written for patients in hospitals (in-patient or out-patient), residents of nursing homes, mental health or correctional facilities; the prescriber writes the order into the patients' medical or clinical record, the order or prescription is given directly to the pharmacy, and the patient never has the opportunity to handle the written order or prescription.

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 to	,	SHIP TO: Please supply the designated prescriber's name and address for shipping.														
Cardholder's Name		Name														
Address																
Address						Address										
City	ip		City		State	State Zip										
If we have questions on y		Phone/Ce	II		E-mail _											
PRICING																
1-PART PAD, PADDED A Item Number Description	Size	Qty./ Pad 10	Price/Pac	I 40+		FORMATT Item Number	ED LASER PAPER Description	Size	Qty./ Pack	Price/Pack 2+						
497-26531 Standard		100 \$9.99		\$6.99			Imprinted	8½x11		\$81.99						
497-26533 Custom [†]		100 17.9 9		13.99		497-26536	Laser Paper (Bla	nk) 8½x11	" 500	34.99						
Minimum order: 10 pads	nents of 2).															
2-PART PAD, PADDED A	Т ТОР				†† Serial N	umbering: Charge	s are scaled to o	to quantity and product type.								
Item Number Description		Qty./ Pad 20	Price/Pad 40	80+			# of Scripts	Standard Item	Custom It	em						
497-26532 Standard	, ,	50 \$11.4 9		\$7.49			1,000	\$25	\$28							
497-26534 Custom [†]	4½x5½x½"	50 14.9 9	• • • •	11.99			2,000	\$30	\$55							
Minimum order: 20 pads (must order in increments of 20).							4,000	\$55	\$105							
† \$30 setup and proof cha		Ì	8,000	\$80												
PLEASE SEND ME:	,															
Item No.	Qty.				ı	Description			Price From Chart Above							
							Serial Nu	mbering ^{††}								
					Cust	om Item Set	up and Proof Cl	narge \$30								
** Quill.com collects tax in	n all states that ha	ave a sales/u	se tax. Plea	se add tax	at applicab	le rate.	S	ales Tax**								
								Total								
METHOD OF PAYMENT:																
We cannot accept COD BILL ME Open accounts for	businesses only.	. Invoice mail			ays		ECK ENCLOSED	s only.								
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. 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	£ II				-											

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 Rx blanks

	DEA # (Optional)	# 0				TION: Please detail what you want											Thank You		for Your Order		
be pre-printed on the pads.	License # (Optional)				lame: License #	CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail what you want	pre-printed only (or attach a sample).										SEND FREE PROOF TO: (charges apply to custom items only)				
in listed below will	Degree				ignated Prescriber Name:	CLINIC	pre-print										SEND FREE P	Fax		price E-mail	
PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads.	Name				LICENSE # Required for Printer Validation Designated (including blank laser paper):	OPTIONS: review sample for additional options available	Labeling Info:	□ Blank	☐ Refill NR 1 2 3 4 5	☐ Refill times	☐ REFILL - 0 - 1 - 2 - 3 - 4 - PRN	☐ Spanish Check Box	Uvoid Atter	 □ M/F	Body Print:	☐ Quantity Check Boxes	☐ Pre-print regular non-scheduled prescription	information. Please provide text and layout.	☐ Serial Numbering Starting #	Note: Charges apply to this option. Please refer to price	chart.

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