Wyoming Controlled Substance Prescription Order Form

In accordance with Wyoming law regarding written prescriptions for controlled substances, we have met the stringent requirements and stand ready to assist you in meeting your state regulations as quickly and easily as possible.

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. Wyoming 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

- Artificial watermark of “Security Prescription” visible when held to light at 45° angle
- Green “VOID” pantograph appears if photocopied
- Security warning list explaining the security features is printed on back
- Reverse “Rx”
- Invisible fluorescent fibers
- Brown stain/solvent reactive
- Erasure protection

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
THE B.F. Goodrich Co.

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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

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty/Pad</th>
<th>10</th>
<th>20</th>
<th>40</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-16796P</td>
<td>100</td>
<td>$13.99</td>
<td>$12.49</td>
<td>$11.49</td>
<td>$10.29</td>
</tr>
</tbody>
</table>

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

2-PART CARBONLESS RX BLANKS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty/Pad</th>
<th>20</th>
<th>40</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-16797P</td>
<td>50</td>
<td>$19.49</td>
<td>$17.99</td>
<td>$16.49</td>
</tr>
</tbody>
</table>

Minimum order: 20 pads (must order in increments of 20). Size: 4¼x5½”

FORMATTED LASER PAPER RX BLANKS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Qty/Pack</th>
<th>5</th>
<th>10</th>
<th>20+</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-PRES1LWY</td>
<td>100</td>
<td>$39.49</td>
<td>$28.99</td>
<td>$23.19</td>
</tr>
</tbody>
</table>

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

PLEASE SEND ME:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty.</th>
<th>Description</th>
<th>Price From Chart Above</th>
</tr>
</thead>
</table>

Body Printing, add $16.80

Serial Numbering

Sales Tax

† 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 Rx blanks is optional
- DEA number is optional. If provided, we will pre-print the number on your Rx blanks

### PRESCRIBER INFORMATION:
The information listed below will be pre-printed on the pads.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>License # (Optional)</th>
<th>DEA # (Optional. We will pre-print a blank line if number is not provided)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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 # ________________________________
  Charges are scaled to quantity and product type. Please refer to price chart.
- 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.

**Patient Info:**
- DOB
- M/F

**Labeling Info:**
- Blank
- Refill ___ Times
- Spanish check box
- Void after ______

**SEND PROOF TO:**

Fax ________________________________
E-mail ________________________________

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