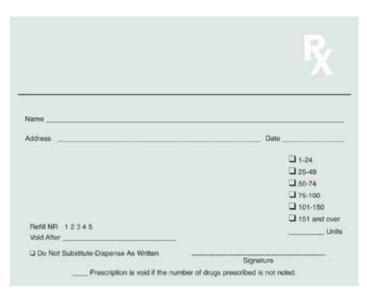


Wyoming Controlled Substance Prescription Order Form

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

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

Wyoming Controlled Substance Prescription Order Form

BILL TO: Please supply the	e appropriate name and m	ailing address for billing.*	SHIP TO:	Please s	supply the designated pr	rescriber's name and ac	ddress for shipping.
Cardholder's Name			Name				
Address							
City	State	Zip	City			State	Zip
If we have questions on yo	our order, whom should v	ve contact?					
Name		Phone/Cell			E-mail		
PRICING							
SINGLE COPY RX BLAN	IKS Qty./	Price/Pad	Ser	ial Num	bering: Charges are sca	aled to quantity and pro	oduct type.
Number	Pad 10	20 40	80+	L	# of Scripts	Standard Item	
497-16796P	100 \$13.99	\$12.49 \$11.49	\$10.29	L	1,000	\$25	
Minimum order: 10 pads (must order in increments of		of 10). Size: 474x572"		Γ	4,000	\$40	
2-PART CARBONLESS I Item	RX BLANKS Qty./	Price/Pad		Ī	8,000	\$80	
Number	Pád 20	40	80+	_	•		•
497-16797P	50 \$19.49	\$17.99	\$16.49				
Minimum order: 20 pads	(must order in increments	01 20). Size: 474x572					
FORMATTED LASER PA		D.: /D I.					
Item Number	Qty./ Pack 5	Price/Pack 10	20+				
497-PRES1LWY	100 \$39.49	\$28.99	\$23.19				
Minimum order: 5 packs (r	must order in increments o	f 5). Sheet size: 8½x11"; Script s	size: 5½x4"				
PLEASE SEND ME:						<u>.</u>	
Item No.	Qty.		Description			Price Fro	om Chart Above
				Body	Printing, add \$16.8	0	
	g						
† Quill.com collects tax in	X [†]						
	al						
METHOD OF PAYMENT:							
We cannot accept CODs.	. Do not send cash.						
☐ BILL ME			ENCLOSED				
Onen coccupte for h		ails separately within 2 days		Paymen	t in US dollars only.		
		om date of invoice					
of shipment. Payme New accounts are s	nt is due within 30 days frubject to credit approval.	Prepayment by check or		CREDIT		dit card. Once order is	received
of shipment. Payme New accounts are s	nt is due within 30 days fr	Prepayment by check or	_	Check if	CARD f you want to pay by cre- contact you for the CC ir		received,

* Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

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

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

he pads.	License # Optional. We will pre-print a blank line if number is not provided					☐ Serial Numbering. Starting #	Charges are scaled to quantity and product type. Please refer to price chart. Body Print: Please provide text and layout	the Rx blank tor an additional charge.	ä		ifo:		_ Times	⊔ Spanish check box ⊐ Void after			
isted below will be pre-printed on the pads.	Degree				detail OPTIONS:		Charges are so	Pre-print regular non-scheduled prescription information in the body of	the Rx blank t	Patient Info:	□ DOB	Labeling Info:	Blank	☐ Refill ☐	Spanish c		1
PRESCRIBER INFORMATION: The information listed below	Name			LICENSE # Required for Printer Validation:	CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail	what you want pre-printed or attach a sample.								SEND PROOF TO:	Fax	E-mail	

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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