Delaware Prescription Blanks Order Form

Quill.com is an approved vendor for the Delaware State Counterfeit-Proof Prescription Program.

We have met the tough requirements of Delaware law and stand ready to assist you in meeting state regulations as quickly and easily as possible. Our counterfeit-proof prescription blanks meet the requirements of both Medicaid and controlled substance prescribing.

To order counterfeit-resistant prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Delaware 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

- “Void” pantograph appears if photocopied
- Solvent reactivity
- Security featured listing
- Sequential numbering
- 2 signature lines
- Delaware security prescription
- Chemical void (in 6 languages)
- Coin-reactive ink
- Thermochromatic ink feature
- Solid-colored background

COMPLETE ORDER FORM and SUBMIT TO:

MAIL: Quill.com, P.O. Box 94080, Palatine, IL 60094-4080
If you have any questions, call 800-789-1186

FAX: 800-328-0023
EMAIL: rx@Quill.com
**Delaware Prescription Blanks Order Form**

**BILL TO:** Please supply the appropriate name and mailing address for billing.*

<table>
<thead>
<tr>
<th>Cardholder's Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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<tbody>
<tr>
<td></td>
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**SHIP TO:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<th>City</th>
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**IMPORTANT**

Prescriptions may ONLY be shipped to the practitioner’s address of record on file with the Delaware Department of Public Relations (DE PDR). Shipment must be signed for by an adult.

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**PRICING**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>No./Parts</th>
<th>Size</th>
<th>Qty./Pad</th>
</tr>
</thead>
<tbody>
<tr>
<td>990-PC4DE</td>
<td>Single Prescription</td>
<td>1</td>
<td>5½x4½*</td>
<td>100</td>
</tr>
</tbody>
</table>

Minimum order: 5 pads (must order in increments of 5).

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>No./Parts</th>
<th>Size</th>
<th>Qty./Pad</th>
</tr>
</thead>
<tbody>
<tr>
<td>990-PC4DE2</td>
<td>Single Prescription</td>
<td>2</td>
<td>5½x4½*</td>
<td>50</td>
</tr>
</tbody>
</table>

Minimum order: 10 pads (must order in increments of 10).

**PLEASE SEND ME:**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty.</th>
<th>Description</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Custom Item Setup and Proof Charge</th>
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<tbody>
<tr>
<td>Body Printing</td>
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</table>

**SEND FREE PROOF TO:** (charges apply to custom items only)

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<thead>
<tr>
<th>Fax</th>
<th>E-mail</th>
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**METHOD OF PAYMENT:**

- **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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**FAX:** 800-328-0023  
**EMAIL:** rx@Quill.com  
**COMPLETE ORDER FORM and SUBMIT TO:**  
- **MAIL:** Quill.com, P.O. Box 94080, Palatine, IL 60094-4080  
  - If you have any questions, call 800-789-1186
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:** Information listed below will be pre-printed on the pads.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>License # (Required for verification.)</th>
<th>DEA # (Optional. We will pre-print a blank line if the number is not provided)</th>
<th>Signature (One designated practitioner’s signature is required)</th>
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<tbody>
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Security Code Required for Printer Validation

Designated Prescriber Name:

License#

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Your 100% Satisfaction is Guaranteed

Thank You for Your Order.

**OPTIONS:**
- Style:
  - Landscape
  - Portrait
- 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
- Labeling Info:
  - Spanish check box
  - Patient Info:
    - DOB
    - M/F

**COMPLETE ORDER FORM and SUBMIT TO:**
- FAX: 800-328-0023
- EMAIL: rx@Quill.com
- MAIL: Quill Corporation, P.O. Box 43200, Minneapolis MN 55445-0200
  If you have any questions, call 800-789-1186