Kentucky Controlled Substance Prescription Order Form

Quill.com is an approved vendor for Kentucky security Rx blanks.

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

To order Kentucky controlled substance prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Order form must be signed by each practitioner whose name shall be pre-printed on the security prescription blanks.

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. Latent, repetitive “void” pattern in green to help prevent photocopying.
2. State mandated format(s).
3. Opaque Rx symbol that disappears if the prescription copy is lightened.
4. Six (6) pre-printed quantity check-off boxes required.
5. “Prescription is void if more than one (1) prescription is written per blank” printed on bottom of prescription blank.
6. Refill options on left side.
7. Prescription is pre-printed with the name, address and telephone number of the prescribing practitioner.
8. Reverse Rx symbol
9. Security backprint

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

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# Kentucky Controlled Substance Prescription Order Form

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

<table>
<thead>
<tr>
<th>Cardholder's Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**SHIP TO:** Please supply the designated prescriber's name and address for shipping.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

If we have questions on your order, whom should we contact?

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone/Cell</th>
<th>E-mail</th>
<th></th>
</tr>
</thead>
</table>

## PRICING

**SINGLE COPY RX BLANKS**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty./No. of Parts</th>
<th>Qty./Pad</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-16039</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>497-PC4KY2</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>

Minimum order: 10 pads (must order in increments of 10). Size: 5½x4".

**FORMATTED LASER PAPER RX BLANKS**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty./No. of Parts</th>
<th>Qty./Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-10704</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

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

**SEND FREE PROOF TO:**

<table>
<thead>
<tr>
<th>Fax</th>
<th>E-mail</th>
<th></th>
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</table>

**PLEASE SEND ME:**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Qty.</th>
<th>Description</th>
<th>Price From Chart Above</th>
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<tbody>
<tr>
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Quill.com collects tax in all states that have a sales/use tax. Please add tax at applicable rate.

**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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**EMAIL:** rx@Quill.com  
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  - If you have any questions, call 800-789-1186

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**Kentucky 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
- Each practitioner whose name shall be printed on the security prescription blank must sign this form

### PRESCRIBER INFORMATION:
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>
<th>Signature Required for each prescriber listed</th>
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**LICENSE # Required for Printer Validation:**

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**OPTIONS:**

**Labeling Info:**
- [ ] Spanish Check Box

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

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Thank You for Your Order  
Your 100% Satisfaction is Guaranteed