



Maine Controlled Substance Prescription Order Form

To order counterfeit-resistant prescription blanks:

COMPLETE ORDER FORM and SUBMIT TO:

Quill.com

Fax: 800-328-0023

Email: RX@quill.com

If you have any questions, call 800-789-6040

Security Features

1. A latent "Void" pattern is printed across the entire width of the front of the blank, so if a prescription is photocopied, the word "Void" will appear in a pattern
2. Contains the RX symbol printed with red thermochromic ink that disappears if rubbed or scratched briskly
3. Microprint signature line
4. Security back printing
5. Watermark

Item Number	Description	Parts	Qty./Pad	Size
17009P	Single Prescription (Single or Multiple prescribers)	1	100	4 ¼ x 5 ½"
Item above start at 5 pads/packs for a minimum order. Order in increments of 5.				

Item Number	Description	Parts	Qty./Pad	Size
PC4ME2	Single Prescription (Single or Multiple prescribers)	2	50	4 ¼ x 5 ½"
The item above starts at 10 pads/packs for a minimum order. Order in increments of 10.				

Item Number	Description	Parts	Qty./Pad	Size
10708P	Laser Paper	1	100	8 ½ x 11"
Starts at 5 pads/packs for a minimum order. Order in increments of 5 Script size: 4 x 5 ½"				

Note: Pricing available by request and subject to change. Quill.com collects tax in all states that have a sales/use tax. It will be added to your final order confirmation at the applicable rate for your state.

Account number:					
Bill to company name:					
Address:					
City:		State:		Zip:	

Ship to name:					
Ship to address:					
City:		State:		Zip:	

Item number	Quantity

Note: If the quantity does not align with minimum order requirements/increments above, we will correct to the closest fulfillable quantity.

Free proofs automatically sent on NEW orders or a reorder with changes. If you are reordering, and there are no changes from your previous, no proof will be sent (unless requested) as prior imprint information is on file. Please keep in mind that requesting proofs on reorders can delay your order up to 6 additional days.

Email Address for Proof: _____

Prescriber information: The information below will be pre-printed on the pads.
To process your order, complete the designated practitioner's license number and include their signature below.

License number for printer validation: _____

Practitioner's Name	Degree	License #	DEA #	Signature
<i>4 practitioners allowed per pad</i>		<i>License number is optional, but one is required for printer validation. We will pre-print a blank line if number is not provided</i>	<i>Optional. We will pre-print a blank line if number is not provided</i>	<i>One authorizing practitioner's signature whose name will be printed on the blank is required</i>

Clinic Information: Please detail the information you want pre-printed. To ensure accuracy include a sample of the clinic(s) information as printed on a prescription. Only 4 locations allowed per pad. If numbering or body print is required, you will be charged accordingly.

Clinic Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			