Washington Prescription Blank Order Form

Quill.com is an approved vendor for Washington State security prescription blanks.

Washington Rx blank security features:

- “Void” pantograph if photocopied
- Security features printed on front
- Microprint signature line
- Security watermark on back states “Security Prescriptions”
- Chemical-reactant stain appears to make prescription form unusable if chemically altered
- The state-approved mortar and pestle watermark

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

The overview below includes important facts you should know about the law. To order Washington state prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Our helpful telephone representatives will be happy to answer your questions before you place your written order. Call us toll-free at 800-789-1186.

Overview of Requirements

Effective July 1, 2010, to prevent unauthorized copying, altering and forgery of prescription forms, every prescription written in the state of Washington by a licensed practitioner must be written on tamper-resistant prescription pads or paper (TRPP) approved by the Pharmacy Board. This includes over-the-counter products dispensed with a prescription.

Washington law requires that every prescription include:
1. Two signature lines for prescriber and patient information.
2. The approved seal located in bottom right of prescription form.
   - Washington State outline map is center within a mortar and pestle watermark behind the seal.
   - 20% black for the “watermark” mortar and pestle.

Washington has approved the use of board-approved tamper-resistant paper, with the seal, to be printed in the office. Prescribers are responsible for safeguarding prescription pads and paper from theft.

Tamper-resistant prescription paper or pads are not required when: prescriptions are transmitted to the pharmacy electronically, by telephone or by facsimile; prescriptions are written for patients in hospitals (in-patient or out-patient), residents of nursing homes, mental health or correctional facilities; the prescriber writes the order into the patients’ medical or clinical record, the order or prescription is given directly to the pharmacy, and the patient never has the opportunity to handle the written order or prescription.

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COMPLETE ORDER FORM and SUBMIT TO:

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

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

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

1-PART PAD, PADDED AT TOP

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Size (HxWxD)</th>
<th>Qty./Pad</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-26531</td>
<td>Standard</td>
<td>4 1/4 x 5 1/2 x 1/2&quot;</td>
<td>100</td>
</tr>
<tr>
<td>497-26533</td>
<td>Custom†</td>
<td>4 1/4 x 5 1/2 x 1/2&quot;</td>
<td>100</td>
</tr>
</tbody>
</table>

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

2-PART PAD, PADDED AT TOP

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Size (HxWxD)</th>
<th>Qty./Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-26532</td>
<td>Standard</td>
<td>4 1/4 x 5 1/2 x 1/2&quot;</td>
<td>50</td>
</tr>
<tr>
<td>497-26534</td>
<td>Custom†</td>
<td>4 1/4 x 5 1/2 x 1/2&quot;</td>
<td>50</td>
</tr>
</tbody>
</table>

Minimum order: 20 pads (must order in increments of 20).

† $30 setup and proof charge

FORMATTED LASER PAPER

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Size (HxWxD)</th>
<th>Qty./Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-26535</td>
<td>Imprinted</td>
<td>97/8 x 11&quot;</td>
<td>500</td>
</tr>
<tr>
<td>497-26536</td>
<td>Laser Paper (Blank)</td>
<td>97/8 x 11&quot;</td>
<td>500</td>
</tr>
</tbody>
</table>

Minimum order: 2 packs (must order in increments of 2).

†† Serial Numbering: Charges are scaled to quantity and product type.

<table>
<thead>
<tr>
<th># of Scripts</th>
<th>Standard Item</th>
<th>Custom Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000</td>
<td>2,000</td>
<td>4,000</td>
</tr>
<tr>
<td>8,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SEND ME:

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

Serial Numbering††

Custom Item Setup and Proof Charge

Sales Tax**

Total

** 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.

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

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**Washington Prescription Blank 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 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 # (Optional)</th>
<th>DEA # (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LICENSE # Required for Printer Validation (including blank laser paper):**

<table>
<thead>
<tr>
<th>Designated Prescriber Name:</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OPTIONS: review sample for additional options available

**Labeling Info:**

- [ ] Blank
- [ ] Refill NR 1 2 3 4 5
- [ ] Refill ___ times
- [ ] REFILL - 0 - 1 - 2 - 3 - 4 - PRN
- [ ] Spanish Check Box
- [ ] Void After __________

**Patient Info:**

- [ ] DOB
- [ ] M/F

**Body Print:**

- [ ] Quantity Check Boxes
- [ ] Pre-print regular non-scheduled prescription information. Please provide text and layout.
- [ ] Serial Numbering Starting # _________________

Note: Charges apply to this option. Please refer to price chart.

### CLINIC NAME/ADDRESS/PHONE INFORMATION:

Please detail what you want pre-printed only (or attach a sample).

____________________________________________________________________________________

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

- [ ] Fax: ____________________________
- [ ] E-mail: __________________________

**Thank You for Your Order**

**COMPLETE ORDER FORM and SUBMIT TO:**

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