



## Wyoming 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](mailto:RX@quill.com)

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

### Security Features

1. Artificial watermark of "Security Prescription" visible when held to light at a 45-degree angle
2. Green "Void" pantograph appears if photocopied
3. A security warning list explaining the security features is print on the back
4. Reverse "RX"
5. Invisible fluorescent fibers
6. Brown stain/solvent reactive
7. Erasure protection

Item Number	Description	Parts	Qty./Pad	Size
16796P	Single Prescription (Single or Multiple prescribers)	1	100	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 (2-part carbonless)	Parts	Qty./Pad	Size
16797P	Single Prescription (Single or Multiple prescribers)	2	50	4 ¼ x 5 ½"
The item above starts at 20 pads/packs for a minimum order. Order in increments of 20.				

Item Number	Description	Parts	Qty./Pad	Size
PRES1LWY	Single Prescription (Single or Multiple prescribers)	1	100	8 ½ x 11
The Item above starts at 2 pads/packs for a minimum order. Order in increments of 2. 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.

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</i>	<i>DEA number is optional</i>	<i>One designated practitioner's signature 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:			