In accordance with Wyoming law regarding written prescriptions for controlled substances, we have met the stringent requirements and stand ready to assist you in meeting your state regulations as quickly and easily as possible.

To order counterfeit-proof prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Wyoming 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.
Wyoming Controlled Substance Prescription 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/Cel. __________________________ E-mail __________________________

PRICING

SINGLE COPY RX BLANKS

<table>
<thead>
<tr>
<th>Item</th>
<th>Qty./Pad</th>
<th># of Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-16796P</td>
<td>100</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Minimum order: 10 pads (must order in increments of 10). Size: 4⅛x5¼".

2-PART CARBONLESS RX BLANKS

<table>
<thead>
<tr>
<th>Item</th>
<th>Qty./Pad</th>
<th># of Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-16797P</td>
<td>50</td>
<td>4,000</td>
</tr>
</tbody>
</table>

Minimum order: 20 pads (must order in increments of 20). Size: 4⅛x5¼".

FORMATTED LASER PAPER RX BLANKS

<table>
<thead>
<tr>
<th>Item</th>
<th>Qty./Pack</th>
<th># of Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>497-PRES1LWY</td>
<td>100</td>
<td>8,000</td>
</tr>
</tbody>
</table>

Minimum order: 5 packs (must order in increments of 5). Sheet size: 8⅝x11"; Script size: 5⅝x4".

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>

Body Printing
Serial Numbering
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
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

<table>
<thead>
<tr>
<th>PRESCRIBER INFORMATION: The information listed below will be pre-printed on the pads.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Optional</td>
</tr>
</tbody>
</table>

LICENSE # Required for Printer Validation:

<table>
<thead>
<tr>
<th>CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail what you want pre-printed or attach a sample.</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________________________________________________________________________</td>
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<td>_____________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

OPTIONS:

- Serial Numbering. Starting # ________________________________
- 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.

Patient Info:

- DOB
- M/F

Labeling Info:

- Blank
- Refill ____ Times
- Spanish check box
- Void after ________

SEND PROOF TO:

Fax ____________________________________________________________

E-mail _________________________________________________________

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