



California Controlled Substance Prescription Order Form.

Required For All Level II Through Level V Prescriptions in California

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. Latent “void” protection to help prevent photocopying and duplication of prescriptions.
2. “California Security Prescription” printed on back of paper—an additional security feature to help prevent fraudulent use.
3. Chemical void protection to help provide proof if an RX blank has been tampered with by erasure or abrasion. This will also help to prevent alteration by chemical washing.
4. Thermochromic ink, which is heat sensitive to touch or if breathed upon.
5. Area of opaque writing.
6. All security features required by California law will appear on the RX blank.
7. Includes wording “Prescription is void if the number of drugs prescribed is not noted.”
8. Pre-printed name, category of licensure, license number and federal controlled substance registration number of the prescribing practitioner is listed on the RX blank.
9. Batch or lot number will be listed on the RX blank. This is to help with state auditing.
10. Each script is sequentially number. Numbering will always start at 001 (even reorders). This number combined with the batch number makes each individual blank unique.
11. Serial numbering
12. Barcode

Item Number	Description	Parts	Qty./Pad	Size
26360	Single Prescription	1	100	4 ¼ x 5 ½”
26366	Multi Prescription	1	100	4 ¼ x 5 ½”

All items above start at 8 pads for a minimum order. Order in increments of 8

Item Number	Description	Parts	Qty./Book	Size
26361	Single Prescription	2	50	4 ¼ x 5 ½”
26369	Multi Prescription	2	50	4 ¼ x 5 ½”

All items above start at 8 books for a minimum order. Order in increments of 8

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:	

IMPORTANT! Prescriptions MUST be shipped to the healthcare facility address.

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 (even for blank laser paper), complete the designated practitioner's license number and include their signature below.

License number for printer validation: _____

Practitioner's Name	Degree	License #	DEA #
<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>

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:			