



Kentucky 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. Latent, repetitive “void” pattern in Pantone green to help prevent photocopying
2. State mandated format(s)
3. Opaque RX symbol that disappears if the prescription copy is lightened
4. Six (6) pre-printed quantity check-off boxes required
5. “Prescription is void if more than one prescription is written per blank” printed on the bottom of the prescription blank
6. Refill option on the left side
7. Prescription is pre-printed with name, address, and telephone number of the prescribing practitioner
8. Reverse RX symbol
9. Security back print

Item Number	Description	Parts	Qty./Pad	Size
16039	Single Prescription (Single or Multiple prescribers)	1	100	4 ¼ x 5 ½ “

Starts at 8 pads 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:	

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>Required for each practitioner listed</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:			