



Washington 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. "Void" pantograph is photocopied
2. Security features printed on back
3. Microprint border line
4. Security watermark on the back that states "Security Prescriptions"
5. Chemical-reactant stain appears to make prescription unusable if chemically altered
6. The state-approved mortar and pestle watermark

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.
3. Washington State outline map is center within a mortar and pestle watermark behind the seal.
4. 20% black for the "watermark" *mortar and pestle*.

Item Number	Description	Parts	Qty./Pad	Size
26531	Single Prescription (Single or Multiple prescribers)	1	100	4 ¼ x 5 ½"
The Item above starts at 8 pads for a minimum order. Order in increments of 8.				

Item Number	Description	Parts	Qty./Book	Size
26532	Single Prescription (Single or Multiple prescribers)	2	50	4 ¼ x 5 ½"
The item above starts at 9 books for a minimum order. Order in increments of 9.				

Item Number	Description	Parts	Qty./Pack	Size
26536	Laser Paper (Single or Multiple prescribers)	1	500	8 ½ x 11
The Item above starts at 1 pack for a minimum order. Order in increments of 1.				

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:			