



FAMILY PRACTICE CENTER
Lic. # X00000
Lic. # X00000
Lic. # X00000
Lic. # X00000
123 Physician's Way • Anytown, U.S.A. 12345 • Phone: 000-000-0000 • Fax: 000-000-0000

Physician's Name
 Physician's Name
 Physician's Name
 Physician's Name

PATIENT NAME _____ DATE _____
DOB _____

ADDRESS _____

Quantity
 1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Physician's Name
123 Physician's Way
Anytown, U.S.A. 12345
000-000-0000
Lic. # X00000

Physician's Name
123 Physician's Way
Anytown, U.S.A. 12345
000-000-0000
Lic. # X00000

Patient Name _____ Date _____
Address _____

Dispense in _____
THE OFFICE OF THE ATTORNEY GENERAL

- Competitive Leadtime —
5 business days after order approval
- Competitive Pricing
- Competitive Order Quantities —
MIN 4 PAD ORDERS ACCEPTED!
- 1 part pad, 2 part book (printed on part two)
- Convenient pocket size
4-1/4" w x 5-1/2" h (Vertical)
5-1/2" w x 4-1/4" h (Horizontal)
- Competitive Product —
Includes eight security features:
 - ✓ Rx red thermochromic ink easily identifies original; fades with heat
 - ✓ Blue or green background
 - ✓ Preprinted prescriber information
 - ✓ Reverse Rx
 - ✓ Watermark on back
 - ✓ Void Pantograph on front
 - ✓ Chemical protection paper
 - ✓ Microprint in border

Dispense in _____
THE OFFICE OF THE ATTORNEY GENERAL

Prescription Pad

Signature _____

RECEIVED

SECURITY FEATURES LISTED ON BACK

Rx