

PRES1L-CA

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - CA Security Backprint
Includes all CA required features



PRES1L-FL

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Includes all FL required features



JOHN SMITH, M.D.
Specialty
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

PP1010725006114
THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN LINE, REVERSE INK SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

M.D.

Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
Specialty
123 Your Address
Yourtown, USA 00000
(000) 000-0000
Fax (000) 000-0000

060724172161 Lic. # _____
DEA # _____

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGN LINE, REVERSE INK SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, NUMBERING, PRINTED ON SAFETY PAPER

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____ Units _____

Void after _____
 Do Not Substitute-Dispense As Written _____ Signature _____
 SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

PRES1L-CA

JOHN SMITH, M.D.
Specialty
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

Lic. # 00000000 DEA # 00000000

Name _____
Address _____ Date _____

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

Refill NR 1 2 3 4 5 Void after _____

M.D. _____ M.D. _____
 Dispense as Written _____ May Substitute _____
 Prescription is void if more than one (1) prescription is written per blank.

PRES1L-IN

Overall Size - 8½" X 11"
Horizontal Perf. - 4¼" TOF
Vertical Perf. - 5½" LOF
Backprinting - IN Security Backprint
Includes all IN required features

NAME
 Address
 CITY, STATE, ZIP
 PHONE
 LIC. # 00000000 DEA # _____

Name _____ Date _____
 Address _____

1-34
 35-49
 50-74
 75-100
 101-150
 151 and over

Refill NR 1 2 3 4 5 _____

Prescription is void if more than one (1) prescription is written per blank



PRES1L-KY

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - KY Security Backprint
 Includes all KY required features



PRES1L-ME

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Includes all ME required features



DEA # _____ **NAME**
 Address
 CITY, STATE, ZIP
 Telephone

VOID APPEARS IF COPIED, BLUE BACKGROUND RESISTS EMULSIONS & ALTERATIONS, MICROPRINT SINK LINE & SECURITY BACKPRINT

Name _____ Date _____
 Address _____

Rx

Refill NR 1 2 3 4 5 Void After _____

Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (✓) has been handwritten in the box in the right-hand lower corner.

Signature _____

SECURE RUB™ TAMPER PROOF SECURE

State of New Jersey
PRESCRIPTION BLANK

FACILITY NAME
 DOCTOR
 SPECIALTY
 STREET
 CITY, STATE, ZIP
 PHONE LIC. # _____

DEA # _____
 BATCH # _____

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
 AND PRINT ALTERNATE ADDRESS AND THE LICENSE NUMBER ON REVERSE SIDE

PATIENT _____ D.O.B. _____
 ADDRESS _____ DATE _____

Rx

STATE SEAL OF THE STATE OF NEW JERSEY

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
 REFILL _____ TIMES

Small NJ logo's are not shown



PRES1L-NJ

Overall Size - 8½" X 11"
 Horizontal Perf. - 5½" TOF
 Vertical Perf. - 4" LOF
 Backprinting - NJ Security Backprint
 Includes all NJ required features

PRES1L-WV

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - Security Backprint
 Includes all WV required security features



PRES1L-WY

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - Security Backprint
 Includes all WY required security features



JOHN SMITH, M.D.
 123 Your Address
 YOURTOWN, USA 00000
 (000) 000-0000
 License # WV00000
 DEA # BP0000000

Name _____
 Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____
 Prescription is void if more than one (1) prescription is written per blank.

JOHN SMITH, M.D.
 123 Your Address
 YOURTOWN, USA 00000
 (000) 000-0000
 Lic. # 00000
 DEA # 000000000

Name _____
 Address _____ Date _____

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

Refill NR 1 2 3 4 5 _____
 Void After _____ Units _____

Do Not Substitute-Dispense As Written _____ Signature _____
 Prescription is void if the number of drugs prescribed is not noted.

JOHN SMITH, M.D.
 123 Your Address
 YOURTOWN, USA 00000
 (000) 000-0000

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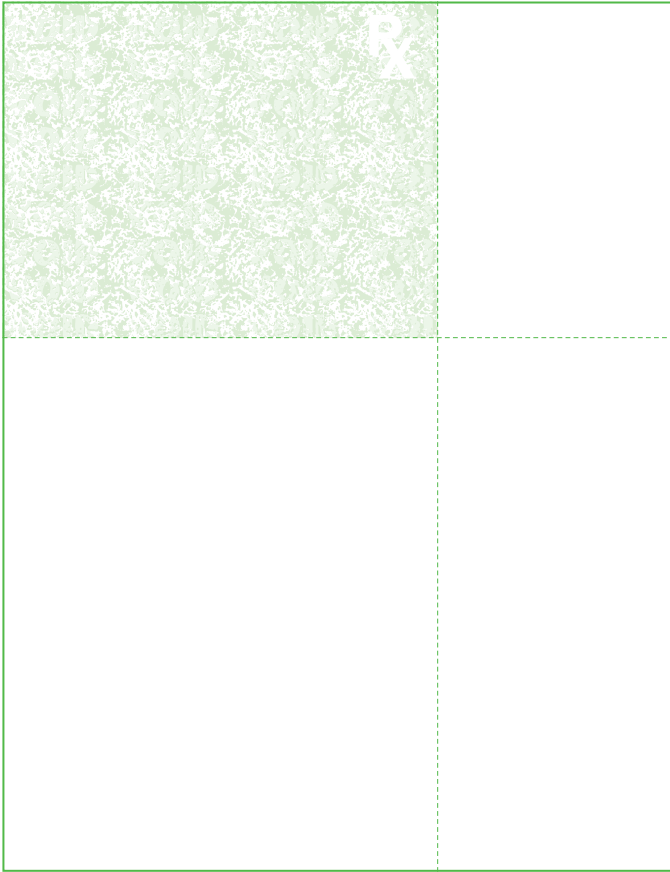
Name _____
 Address _____ Date _____

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ M.D. _____ May Substitute _____ M.D. _____
 Prescription is void if more than one (1) prescription is written per blank.

PRES1L-HS

Overall Size - 8½" X 11"
 Horizontal Perf. - 4¼" TOF
 Vertical Perf. - 5½" LOF
 Backprinting - Security Backprint



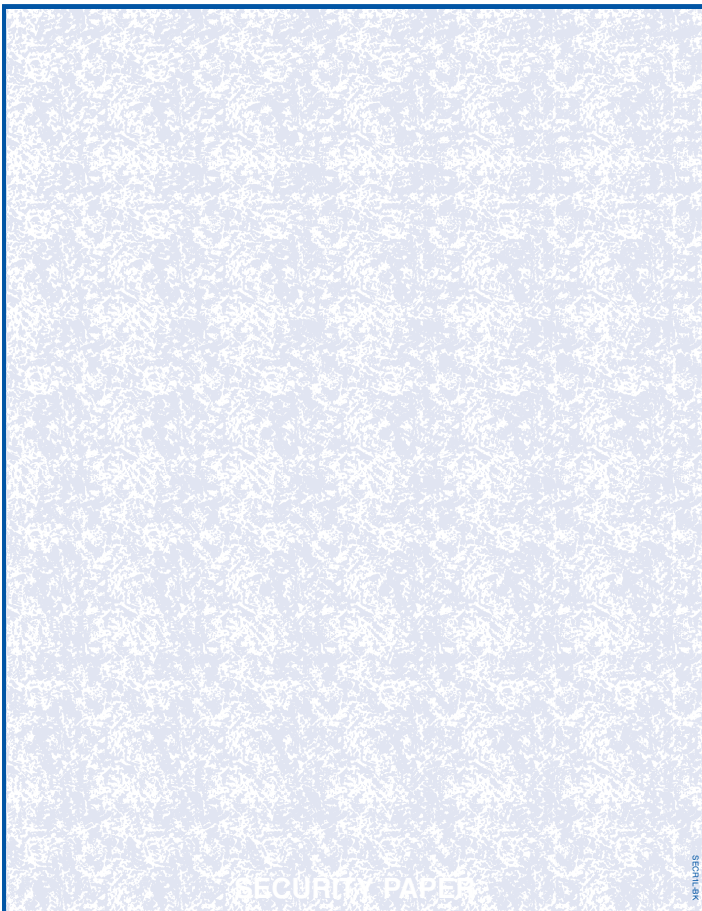
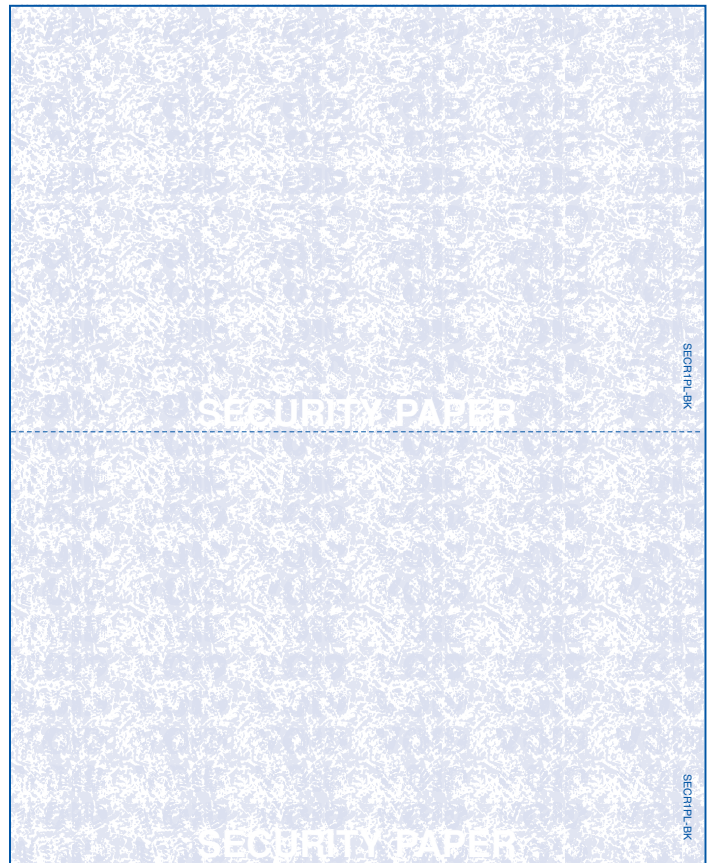
PRES1L-TR

Overall Size - 8½" X 11"
Horizontal Perf. - 5½" TOF
Vertical Perf. - 4¼" LOF
Includes all TR required features
Backprinting - Security Backprint



SECR1PL-BK

Overall Size - 8½" X 11"
Horizontal Perf. - 5½" TOF
Backprinting - Security Backprint



SECR1L-BL

Overall Size - 8½" X 11"
Backprinting - Security Backprint

PRES4L-BK

Overall Size - 8½" X 11"
1-Horizontal Perf.
1-Vertical Perf.
Backprinting - Security Backprint



PRES1L-BK

Overall Size - 8½" X 11"
Horizontal Perf. - 5½" TOF
Vertical Perf. - 4¼" LOF
Backprinting - Security Backprint

