

# WYOMING

## PRESCRIPTION PADS & LASER FORMS

### Benefits:

- Easy to order
- Fast Delivery
- Available in many different styles and sizes
- Secure shipment process
- Includes all state of Wyoming required features
- Padded forms available in 1 or 2 part
- Laser Forms available - Blank or Imprinted



1434 Progress Lane  
Omro, WI 54963  
800-242-4230  
sales@webpbs.com  
www.webpbs.com

Imprinted or Blank 8-1/2" x 11"

### Additional features include: (optional)

- Printing on part 2 available
- Custom backprinting
- Numbering
- Padding in 50's (standard padding - 100's)
- Drilling on part 2

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address1, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address2, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address3, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

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

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_

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

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

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

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_

Prescription is void if the number of drugs prescribed is not correct.

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1-24  
 25-49  
 50-74  
 75-100

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_

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

Standard 5-1/2" x 4-1/4"  
Landscape Only

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

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

Refill NR 1 2 3 4 5 Spanish \_\_\_\_\_

Void After \_\_\_\_\_

Do Not Substitute-Dispense As Written \_\_\_\_\_ Signature \_\_\_\_\_

Prescription is void if the number of drugs prescribed is not correct.

Semi-custom (Up to  
8-1/2" x 5-1/2")  
Portrait or Landscape

Doctor 1 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 2 Specialty Lic. # 12345 DEA # MA0000000  
 Doctor 3 Specialty Lic. # 12345 DEA # MA0000000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000  
 Address, City, USA 00000 (000) 000-0000 Fax (000) 000-0000

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ M/F \_\_\_\_\_

1	2	3	4	5	6

Label  
 May Not Substitute  
 May Not Substitute  
 May Not Substitute  
 May Not Substitute

DRUG TOTAL  
 MAY NOT SUBSTITUTE  
 MAY NOT SUBSTITUTE  
 MAY NOT SUBSTITUTE  
 MAY NOT SUBSTITUTE

LABEL ALL DRUGS UNLESS CHECKED  
IF CHECKED PRESCRIPTIONS MAY NOT BE PRESCRIBED