

TAMPER RESISTANT

PRESCRIPTION PADS & LASER FORMS

Benefits:

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

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

Name _____ DOB _____
Address _____ Date _____ M/F _____

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

Refill NR 1 2 3 4 5 Spanish
Void After _____
 Do Not Substitute-Dispense As Written
Prescription is void if more than one (1) controlled substance is written per state.

THIS DOCUMENT CONTAINS THE FOLLOWING SECURITY FEATURES:
VOID PANTOGRAPH - This form features a void pantograph (secret) in professional ink.
VOID SECURITY PRESSCRIPTION - When this document is photocopied, the word "SECURITY PRESSCRIPTION" appears on every side of document when placed on a light.
VOID SECURITY BACK PRINTING - When this document is photocopied, the word "SECURITY PRESSCRIPTION" appears on every side of document when placed on a light.
VOID SECURITY FRONT PRINTING - This form features a void security front printing (secret) in professional ink setting.

Standard 5-1/2" x 4-1/4"
Landscape or Portrait

Security Prescription Security Prescription Security

Security

Security

Security

Security

Security

Security

Security Prescription Security Prescription Security

Rx

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

Name _____ DOB _____
Address _____ Date _____ M/F _____

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

Refill NR 1 2 3 4 5 Spanish
Void After _____
 Do Not Substitute-Dispense As Written
Prescription is void if more than one (1) controlled substance is written per state.

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

Rx

Doctor1 Specialty Lic. # 12345 DEA # MA0000000
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000
 Doctor3 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
Units _____

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.

Rx

FAMILY CLINIC

Doctor1 Specialty Lic. # 12345 DEA # MA0000000
 Doctor2 Specialty Lic. # 12345 DEA # MA0000000
 Doctor3 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

Name _____ DOB _____
Address _____ Date _____

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

Label _____
Base _____
 May Substitute
 May Not Substitute

Rx

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

Name _____ DOB _____
Address _____ City _____
Date _____

	Qty of Rx	Lot No	SSN	Refill
1				
2				
3				
4				

DRUG TOTAL
 MAY SUBSTITUTE
 MAY NOT SUBSTITUTE
 LABEL ALL DRUGS UNLESS OTHERWISE SPECIFIED
 PREPARE PRESCRIPTION

Version 18.1