

California Controlled Substance Prescription Order Form

Required For All Level II Thru Level V Prescriptions in California.

Offering our highest standards in state-regulated prescription blanks in accordance with California law, we have met the stringent requirements regarding written prescriptions for controlled substances and stand ready to assist you in meeting your state regulations as quickly and easily as possible.

To order counterfeit-resistant prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Our helpful telephone representatives will be happy to answer your questions before you place your written order. Call us toll-free at **800-789-1186**.

JOHN SMITH
Specialty
123 Your Address
Youtown, CA 00000
(000) 000-0000
Fax (000) 000-0000

Lic. # _____
DEA # _____

0808080000 #000001

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

Name _____
Address _____ Date _____

Refill NR 1 2 3 4 5

Void after _____
 Do Not Substitute-Dispense As Written Signature _____

SP01 _____ Prescription is void if the number of drugs prescribed is not noted.

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

Single-part form

PRACTICE NAME
John Smith, M.D.
Specialty
Lic. # _____ DEA # _____
123 Your Address
Youtown, CA 00000
(000) 000-0000 Fax (000) 000-0000

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
D.O.B. _____ GENDER _____ DATE _____

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Rx 1 1-24 25-49 50-74 75-100 101-150 150 +
 Do Not Substitute Refill 0 - 1 - 2 - 3 - 4 - PRN Units _____

Rx 2 1-24 25-49 50-74 75-100 101-150 150 +
 Do Not Substitute Refill 0 - 1 - 2 - 3 - 4 - PRN Units _____

Rx 3 1-24 25-49 50-74 75-100 101-150 150 +
 Do Not Substitute Refill 0 - 1 - 2 - 3 - 4 - PRN Units _____

Prescription is void if the number of drugs prescribed is not noted. _____ Void after _____

Spanish SP01
PRN08080812345 Signature _____

Multi-prescription form

Security Features

- Latent "void" protection to help prevent photocopying and duplication of prescriptions.
- "California security prescription" printed on back of paper—an additional security feature to help prevent fraudulent use.
- Chemical void protection to help provide proof if an Rx blank has been tampered with by erasure or abrasion. This will also help to prevent alteration by chemical washing.
- Thermo-chromatic ink, which is heat sensitive to touch or if breathed upon.
- Area of opaque writing.
- All security features required by California law will appear on the Rx blank.
- Includes wording "Prescription is void if the number of drugs prescribed is not noted."
- Pre-printed name, category of licensure, license number, and federal controlled substance registration number of the prescribing practitioner is listed on the Rx blank.
- Batch or lot number will be listed on the Rx blank. This is to help with state auditing.
- Each script is sequentially numbered. Numbering will always start at 001 (even reorders). This number combined with the batch number makes each individual blank unique.
- Serial numbering (effective 1/1/19)

FAX: 800-328-0023
EMAIL: rx@Quill.com

COMPLETE ORDER FORM and SUBMIT TO:

- MAIL:** Quill Corporation, 8500 Wyoming Ave. N, Brooklyn Park, MN 55445
If you have any questions, call 800-789-1186

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BILL TO: Please supply the appropriate name and mailing address for billing.* Cardholder's Name _____ Address _____ City _____ State _____ Zip _____	SHIP TO: Name _____ Address _____ City _____ State _____ Zip _____	IMPORTANT Prescriptions may ONLY be shipped to the practitioner's address of record on file with their respective medical or DEA licensing board. Shipment must be signed for by an adult.	
	If we have questions on your order, whom should we contact? Name _____ Phone/Cell _____ E-mail _____		
	Name _____ Phone/Cell _____ E-mail _____		

PRICING							
Item Number	Description	No. of Parts	Size	Qty./ Pad	Price/Pad		
					10	20	40+
497-26360	Single Prescription	1	4¼x5½"	100	\$9.99	\$8.99	\$7.99
497-26364	Multi Prescription	1	3½x8½"	100	14.49	12.99	11.59
497-26365	Multi Prescription	2	3½x8½"	100	21.99	19.79	17.59
497-26362	Custom Rx Pad†	1	Custom	100	16.99	15.29	13.59
497-26366	Multi Prescription	1	4¼x5½"	100	9.99	8.99	7.49
Minimum order: 10 pads (must order in increments of 10).							
Item Number	Description	No. of Parts	Size	Qty./ Pad	Price/Pad		
					1	40	80+
497-26361	Single Prescription	2	4¼x5½"	50	\$11.49	\$10.29	\$9.19
497-26363	Custom Rx Pad†	2	Custom	50	14.49	12.99	11.59
497-26369	Multi Prescription	2	4¼x5½"	50	10.49	8.49	6.49
Minimum order: 20 pads (must order in increments of 20). † \$30 setup and proof charge							

SEND FREE PROOF TO: (charges apply to custom items only) Fax _____ E-mail _____
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PLEASE SEND ME:			
Item No.	Qty.	Description	Price From Chart Above
Custom Item Setup and Proof Charge - \$30			
** Quill.com collects tax in all states that have a sales/use tax. Please add tax at applicable rate.			Sales Tax**
			Total

METHOD OF PAYMENT: We cannot accept CODs. Do not send cash.	
<input type="checkbox"/> BILL ME Open accounts for businesses only. Invoice mails separately within 2 days of shipment. Payment is due within 30 days from date of invoice. New accounts are subject to credit approval. Prepayment by check or credit card helps facilitate your order through our Credit Department.	<input type="checkbox"/> CHECK ENCLOSED Payment in US dollars only. <input type="checkbox"/> CREDIT CARD Check if you want to pay by credit card. Once order is received, we will contact you for the CC information.

* Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

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IMPORTANT: The information requested below must be filled out in order for us to process your order.

- License and DEA number must be pre-printed for each practitioner
- Practitioner name will be printed as shown on DEA certificate

PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads

Name	Degree	License # Pre-printing required	DEA # Pre-printing required

CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail what you want pre-printed or attach a sample.

OPTIONS:

Labeling Info:

Spanish Check Box

Patient Info:

DOB

M/F

**Thank You
for Your Order**

*Your 100% Satisfaction
is Guaranteed*

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