

## **California Controlled Substance Prescription Order Form**

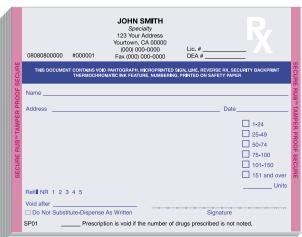
# Required For All Level II Thru Level V Prescriptions in California.

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.





Single-part form

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.
- 4. Thermo-chromatic ink, which is heat sensitive to touch or if breathed upon.
- 5. Area of opaque writing.
- 6. 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."
- 8. 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.
- 11. 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

### California Controlled Substance Prescription Order Form BILL TO: Please supply the appropriate name and mailing address for billing.\* SHIP TO: **IMPORTANT** Prescriptions may ONLY be Cardholder's Name shipped to the practitioner's address of record on file Address Address with their respective medical or DEA licensing board. Shipment must be signed City State Zip City State Zip for by an adult. If we have questions on your order, whom should we contact? Phone/Cell E-mail Name **PRICING** No. of Qtv./ Price/Pad Item SEND FREE PROOF TO: (charges apply to custom items only) Description Size 10 40+ Number Parts 20 497-26360 Single Prescription 41/4x51/2" \$9.99 \$8.99 \$7.99 497-26364 Multi Prescription 32/3x81/2" 100 14.49 12.99 11.59 32/3x81/2" 100 19.79 497-26365 Multi Prescription 21.99 17.59 E-mail 16.99 15.29 13.59 497-26362 Custom Rx Pad<sup>+</sup> 100 Custom 497-26366 Multi Prescription 41/4x51/2" 100 9.99 8.99 7.49 Minimum order: 10 pads (must order in increments of 10). Price/Pad No. of Qty./ Description Size **80**+ Number Parts 40 Pad 497-26361 Single Prescription 41/4x51/2" 50 \$11.49 \$10.29 \$9.19 497-26363 Custom Rx Pad<sup>†</sup> 2 Custom 50 14.49 12.99 11.59 497-26369 Multi Prescription 41/4x51/2" 50 10.49 8.49 6.49 Minimum order: 20 pads (must order in increments of 20). † \$30 setup and proof charge PLEASE SEND ME:

Item No.	Qty.	Description	Price From Chart Above
** Quill.com collects tax in			
		Total	

METHOD OF PAYMENT:	
We cannot accept CODs. Do not send cash.  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.	CHECK ENCLOSED Payment in US dollars only.  CREDIT CARD Check if you want to pay by credit card. Once order is received, we will contact you for the CC information.

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

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

<sup>\*</sup> Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

# California Controlled Substance Prescription Order Form

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

	DEA # Pre-printing required			OPTIONS:	Labeling Info:  Spanish Check Box Patient Info:  DOB  M/F
e pre-printed on the pads	License # Pre-printing required			ON: Please detail what you want pre-printed	
tion listed below will b	Degree				
PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads	Name			CLINIC NAME/ADDRESS/PHONE INFORMATI or attach a sample.	of attacil a saliple.

# for Your Order **Thank You**

Your 100 % Satisfaction

is Gaaranteed

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