

SECURE CALIFORNIA PRESCRIPTION FORMS

HB Fast Print is an approved "Security Printer" and can provide these forms in both single part & duplicate.

CALIFORNIA APPROVED SECURE RX PADS CONTAIN ALL OF THE REQUIRED SECURITY FEATURES, INCLUDING:

- Script Size: 5-1/2" x 4-1/4" • 1 Part and 2 Part Forms Available • Hidden "VOID" Message Technology
- Distinctive BLUE Colored Background • Blue Background Erasure Protection • Chemical Reactive Security Paper
 - Secure Rub™ Color Change Ink • Hidden Fibers
- Secure Control Batch Number • Security Watermark • Security Feature Warning Band • Sequential Numbering

SINGLE PAGE Rx FORMS

<u>#Rx Forms</u>	<u>Singles</u>	<u># Pads</u>
<input type="checkbox"/> 100	\$59.00	1
<input type="checkbox"/> 200	\$69.00	2
<input type="checkbox"/> 400	\$79.00	4
<input type="checkbox"/> 1,000	\$99.00	10
<input type="checkbox"/> 2,000	\$149.00	20
<input type="checkbox"/> 3,000	\$199.00	30
<input type="checkbox"/> 4,000	\$249.00	40
<input type="checkbox"/> 5,000	\$299.00	50

* Padded in sets of 100 forms.

CARBONLESS DUPLICATE Rx FORMS

<u>#Rx Forms</u>	<u>Duplicates</u>	<u>Optional - Add for wrap-around pads of 50 forms</u>
<input type="checkbox"/> 100	\$89.00	<input type="checkbox"/> \$5.00 - 2 pads
<input type="checkbox"/> 200	\$99.00	<input type="checkbox"/> \$5.00 - 4 pads
<input type="checkbox"/> 400	\$109.00	<input type="checkbox"/> \$10.00 - 8 pads
<input type="checkbox"/> 1,000	\$149.00	<input type="checkbox"/> \$20.00 - 20 pads
<input type="checkbox"/> 2,000	\$249.00	<input type="checkbox"/> \$40.00 - 40 pads
<input type="checkbox"/> 3,000	\$339.00	<input type="checkbox"/> \$60.00 - 60 pads
<input type="checkbox"/> 4,000	\$419.00	<input type="checkbox"/> \$80.00 - 80 pads
<input type="checkbox"/> 5,000	\$499.00	<input type="checkbox"/> \$90.00 - 100 pads

* Padded in sets of 50 forms.

Prices listed do not include sales tax or delivery and are subject to change.

Normal turnaround time is about one week
2 day rush orders are available for an additional charge
We also provide 8.5 x 11 Rx Laser sheets and custom sizes

Please see our standard layouts & indicate what version you would like

Layout A Layout B Custom



Since 1975

www.hbfastprint.com

17610 Beach Blvd., Suite 24 • Huntington Beach, CA 92647 • Ph: (714) 848-0015 • Fax: (714) 375-6596

Email: print@hbfastprint.com

IMPRINTING INFORMATION for upper portion of Prescriptions

Please fill in the information that needs to be imprinted on the top of each sheet. Un-imprinted forms are not available. Note: We can imprint a combined total of up to nine prescribers **and/or** addresses. Include DEA# and License # for each doctor listed. A copy of the DEA Certificate for each doctor listed must be sent to us by FAX / email along with this order form. We will typeset your information on our standard layout for no charge. If you would like your logo added or a custom layout please fax or email a copy with your order. A nominal first time typesetting fee will apply.

• Name: _____
Facility Name (if applicable) _____
DEA# _____ State Lic.# _____ N.P.I. # (If applicable) _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____

• Name: _____
Facility Name (if applicable) _____
DEA# _____ State Lic.# _____ N.P.I. # (If applicable) _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____

• Name: _____
Facility Name (if applicable) _____
DEA# _____ State Lic.# _____ N.P.I. # (If applicable) _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____

• Name: _____
Facility Name (if applicable) _____
DEA# _____ State Lic.# _____ N.P.I. # (If applicable) _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____

• Name: _____
Facility Name (if applicable) _____
DEA# _____ State Lic.# _____ N.P.I. # (If applicable) _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____

Mark Box if Applicable

All doctors on same Rx

Separate Rx for each doctor

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JOHN SMITH, M.D.

17610 BEACH BLVD., SUITE 24
HUNTINGTON BEACH, CA 92647

DEA # XXXXXXXXXXXXX
LIC # XXXXXXXX

TEL: (714) 848-0015 • FAX: (714) 375-6596

HBFP-XXXXXXXXXX-XX

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, ANTICOPY WATERMARK, ERASURE PROTECTION, SECURITY BACKPRINT, THERMOCHROMATIC INK FEATURE, BATCH NUMBERS, CONSECUTIVE NUMBERING, PRINTED ON SAFETY PAPER

Name _____ D.O.B. _____ Male
 Female

Address _____ Date _____

Rx

NON-NEGOTIABLE

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

Refill NR 1 2 3 4 5

Void After _____

Do Not Substitute-Dispense As Written

Signature _____

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

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JOHN SMITH, M.D.

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HUNTINGTON BEACH, CA 92647

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LIC # XXXXXXXX

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Rx Name _____ D.O.B. _____ Male
 Female

Address _____

	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____
	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____
	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____

HBFP-XXXXXXXXXX-XX

X _____ Date _____

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

Credit Card Payment Information
We accept Visa, Mastercard, Discover, and American Express



Credit Card Number: _____

Exp. Date (MM/YY): _____ Security Code: _____

Name: _____
(as it appears on the card)

Credit Card Billing Address: _____

City, State: _____

Zip Code: _____



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