

# SECURE CALIFORNIA PRESCRIPTION FORMS

Senate bill 151 states that as of January 1, 2005, all written controlled substance prescriptions (schedules II-V) must be on the new tamper-resistant prescription forms provided by a state-designated "security printer". Triplicate prescription forms are no longer valid as of January 1, 2005.

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

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



[www.hbfastprint.com](http://www.hbfastprint.com)

17610 Beach Blvd., Suite 24 • Huntington Beach, CA 92647 • Ph: (714) 848-0015 • (877) 900-HBFP (4237) • Fax: (714) 375-6596

Email: [print@hbfastprint.com](mailto:print@hbfastprint.com)



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**California Prescription Pad Fax Order Form**

**Please print a copy of this California Prescription Pad Order Form.**

After completing all of the information, send your order by FAX with a copy of your DEA Certificate to **(714) 375-6596**

You may also send your order by mail to:

HB Fast Print – 17610 Beach Blvd., Suite 24 • Huntington Beach, CA 92647

*Note: We screen diligently for fraudulent orders.*

VERY IMPORTANT ~~~ This is a State requirement.

The California State Pharmacy Board requires that a copy of your DEA Registration be sent to us, even on repeat orders.

**We cannot process any order for which we do not have a current DEA Registration form on file.**

Please **FAX a copy of your DEA Registration** form to:

HB FAST PRINT

Fax Number: **(714) 375-6596**

Once we receive your DEA Registration Certificate, it will be reviewed along with this order form.

After it has been determined that everything is in order, your order will be processed.

Person Entering Order \_\_\_\_\_

Order Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

Specialty: \_\_\_\_\_

**Street Address** (No P.O. Boxes Please): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone** (include Area Code): \_\_\_\_\_

**Evening Phone** (include Area Code): \_\_\_\_\_

We will send you a proof on all first time orders. Please indicate if you would like to have your proof sent by email or fax. For reorders please fax a copy of the RX along with a copy of the DEA certificate and credit card form.

**E-mail:** \_\_\_\_\_  **Fax Number:** \_\_\_\_\_

**SHIPPING INFORMATION:**

**The forms must be shipped to the address on the DEA certificate or State License - No Exceptions**

**When your order is shipped, a signature will be required when the package is delivered.**

"SHIP TO ADDRESS" (if different than above)  "I WILL PICK UP WHEN COMPLETE"

Practice Name: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Street Address** (No P.O. Boxes Please): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## 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 Registration for each doctor listed must be sent to us by FAX or mail along with this order form. We will typeset your information on our standard layout for no charge. If you would like your current RX reproduced or a custom layout please fax a copy with your order. A nominal first time typesetting fee will apply.

• Name: \_\_\_\_\_  
Facility Name (if applicable) \_\_\_\_\_  
DEA# \_\_\_\_\_ State Lic.# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

• Name: \_\_\_\_\_  
Facility Name (if applicable) \_\_\_\_\_  
DEA# \_\_\_\_\_ State Lic.# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

• Name: \_\_\_\_\_  
Facility Name (if applicable) \_\_\_\_\_  
DEA# \_\_\_\_\_ State Lic.# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

• Name: \_\_\_\_\_  
Facility Name (if applicable) \_\_\_\_\_  
DEA# \_\_\_\_\_ State Lic.# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

• Name: \_\_\_\_\_  
Facility Name (if applicable) \_\_\_\_\_  
DEA# \_\_\_\_\_ State Lic.# \_\_\_\_\_  
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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**Credit Card Payment Information**  
**We accept Visa, Mastercard, Discover, and American Express**



**Credit Card Type:**

*Visa, Mastercard, Discover, 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: \_\_\_\_\_

**For California Orders:**

**\*Please list your Sales Tax Rate \_\_\_\_\_%**

**All other states: We do not charge Sales Tax on orders  
shipped outside California.**