CA Controlled Substance RX Pad Pricing

1 part pads
100 scripts per pad

# of pads	Price per pad
4	$18.95
8	$ 9.95
12	$ 8.95
16	$ 7.95
20	$ 6.95
24	$ 5.85
40	$ 4.75
60	$ 4.35
100	$ 3.95
240	$ 3.75

2 part pads
50 scripts per pad

# of pads	Price per pad
4	$27.95
8	$17.95
12	$12.95
16	$10.95
20	$10.25
24	$ 9.50
40	$ 7.95
60	$ 7.65
100	$ 6.95
240	$ 5.95

2 part pads
100 scripts per pad

# of pads	Price per pad
4	$39.95
8	$21.95
12	$16.95
16	$14.95
20	$13.95
24	$12.95
40	$11.75
60	$10.75
100	$ 9.95
240	$ 8.25

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH • THERMOCHROMIC INK • CHEMICAL VOID ALTERATION FEATURES • MICROPRINT RULES THAT READ "CALIFORNIA SECURITY PRESCRIPTION" ON THE FACE OF THE FORM • A WATERMARK ON THE BACK THAT READS "CALIFORNIA SECURITY PRESCRIPTION" • OPAQUE RX • SEQUENTIAL #

Doctor's Name, M.D.
Practice
123 Main Street, Suite 100 • Anytown, CA 91234
Phone (123) 456-7890 • Fax (123) 456-7890
DEA# AB1234567 • LIC# A12345 • NPI# 1234567890
LOT # C00000

Name ______ DOB ______
Address ______ Date ______

Style #1
2020 bar code requirements

Quantity: ❑ 1-24 ❑ 25-49 ❑ 50-74 ❑ 75-100 ❑ 101-150 ❑ 151 and over ______ Units

REFILLS: ❑ NR ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5
Void after
❑ Do Not Substitute – Dispense As Written
X ______ Prescriber Signature
PRESCRIPTION IS VOID IF THE NUMBER OF DRUGS PRESCRIBED IS NOT NOTED: ______
Serial # SWA001A00001
CARXADV-4 (01/20) SP24

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Doctor's Name, M.D.
123 Main Street, Suite 100
Anytown, CA 91234
Phone (123) 456-7890 • Fax (123) 456-7890
DEA# AB1234567 • LIC# A12345 • NPI# 1234567890
LOT # C00000

Patient Name ______ Phone No.
Address ______ DOB

1)
2)
3)

Style #2
2020 bar code requirements

Quantity: ❑ 1-24 ❑ 25-49 ❑ 50-74 ❑ 75-100 ❑ 101-150 ❑ 151 and over
Units ______ ❑ Do Not Substitute
Refills: ❑ NR ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ PRN

Prescriber Signature X ______ Date ______
No Refills allowed for Schedule II
❑ LABEL IN SPANISH
Prescription is VOID if the number of drugs prescribed is not noted: ______
Serial # SWA001A00001
CARX3C/ADV-3 (01/20) SP24

No set up fees ▲ No charge for proofs*

*$30.00 Cancellation Fee if order is cancelled after proof is produced

Approved distributor for California

Phone - 801-487-1500 ▲ Fax - 801-487-0118

email: orders@advantageforms.com

ORDER FORM

Style: ❑ #1 ❑ #2

❑ 1 Part Pads
❑ 2 Part Pads Pad in: ❑ **50's** ❑ **100's**

Wrap Around Covers - Add $3.00 per pad ❑ **yes** ❑ **no**

Quantity: ________ (# of Pads)

Contact for questions: ______________________

Send Proof to:

Fax #: ______________________ OR E-mail: ______________________

Imprint Info: **(fill out or email current script)**

Practice Name: ______________________

Physician Name: ______________________

Specialty: ______________________

Address: ______________________

City ______________________ **State** __________ **Zip** __________

Phone: ______________________ **Fax:** ______________________

DEA #: ______________________ **(Required)**

License #: ______________________ **NPI #: (optional)** ______________________
(Required)

***If using a web based email, such as gmail, fill out form, save form to your documents then, email to orders@advantageforms.com**

***If more than one provider and/or address, attach separate file with that info.**

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