

# CA Controlled Substance RX Pad Pricing

**1 part pads  
100 scripts per pad**

# of pads	Price per pad
4	\$14.95
8	\$ 7.25
12	\$ 6.25
16	\$ 4.95
20	\$ 4.25
24	\$ 3.95
40	\$ 3.45
60	\$ 3.25
100	\$ 3.15
240	\$ 2.95

**2 part pads  
50 scripts per pad**

# of pads	Price per pad
4	\$22.95
8	\$12.95
12	\$ 9.35
16	\$ 7.95
20	\$ 7.25
24	\$ 6.25
40	\$ 5.45
60	\$ 5.25
100	\$ 4.75
240	\$ 3.95

**2 part pads  
100 scripts per pad**

# of pads	Price per pad
4	\$32.10
8	\$16.25
12	\$11.75
16	\$11.25
20	\$10.95
24	\$ 9.95
40	\$ 9.45
60	\$ 8.75
100	\$ 7.75
240	\$ 6.95

**No set up fees ▲ No charge for proofs**  
**Approved distributor for California**

**Toll Free - 1 800 852-5565 Fax - 801-487-0118**  
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THIS DOCUMENT CONTAINS A VOID PANTOGRAPH • THERMOCHROMIC INK • CHEMICAL VOID ALTERATION FEATURES • MICRO-PRINT RULES THAT READ "CALIFORNIA SECURITY PRESCRIPTION" ON THE FACE OF THE FORM • AN OPAQUE WATERMARK ON THE BACK THAT READS "CALIFORNIA SECURITY PRESCRIPTION" • SECURITY REVERSE RX • LOT # • SEQUENTIAL #

**JOHN W. DOCTOR, M.D.** LOT # C06622  
 Family Practice  
 00000 Carmel Rancho St., Ste. Z  
 Carmel, CA 95009 Lic. # 000000  
 (000) 000-0000 • Fax (000) 000-0000 DEA # 00000000

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

**Style #1**

Refill: NR 1 2 3 4 5  
 Void after \_\_\_\_\_  
 Do Not Substitute - Dispense As Written Signature \_\_\_\_\_  
 PRESCRIPTION IS VOID IF THE NUMBER OF DRUGS PRESCRIBED IS NOT NOTED.  
 SP#4

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**JOHN W. DOCTOR, M.D.** LOT # C06702  
**CARDIOLOGIST**  
 123 Main Street, Suite A  
 Anytown, XX 91234-5678 Lic. # 000000  
 (000)000-0000 Fax (000)000-0000 DEA # 00000000

Patient Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

1) Quantity:  1-24  25-49  
 50-74  75-100  101-150  
 151 & OVER  
 Do Not Substitute Refill: 0-1-2-3-4-PPN

2) Quantity:  1-24  25-49  
 50-74  75-100  101-150  
 151 & OVER  
 Do Not Substitute Refill: 0-1-2-3-4-PPN

3) Quantity:  1-24  25-49  
 50-74  75-100  101-150  
 151 & OVER  
 Do Not Substitute Refill: 0-1-2-3-4-PPN

No Refills allowed for Schedule II  
 X \_\_\_\_\_ DATE \_\_\_\_\_  LABEL IN SPANISH  
 Prescription is void if the number of drugs prescribed is not noted.  
 SP#4

<b>Style:</b>	#1	#2	1 Part Pads			<b>ORDER FORM</b>
			2 Part Pads Pad in:	50's	100's	
<b>Wrap Around Covers - Add \$2.00 per pad</b>				yes	no	
<b>Quantity:</b>	(# of Pads)		<b>Contact for questions:</b>			
<b>Send Proof to:</b>						
<b>Fax #:</b>	OR E-mail:					
<b>Imprint Info:</b>	(fill out or fax current script)					
<b>Practice Name:</b>						
<b>Physician Name:</b>						
<b>Specialty:</b>						
<b>Address:</b>						
<b>City</b>			<b>State</b>		<b>Zip</b>	
<b>Phone:</b>			<b>Fax:</b>			
<b>DEA #:</b>			<b>(Required)</b>			
<b>License #:</b>			<b>NPI #: (optional)</b>			
	<b>(Required)</b>					



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