

Order Blank for California Standard Format Secure Prescription Forms

Please complete this form and email to:
info@pacificprinting.com or fax to **661-481-3630**.
We are required to have a copy of your DEA Registration
before we can process any order (including reorders).
Please fax your DEA Registration at the time of this order.



Pacific Printing

C O M P A N Y
28150 Avenue Crocker, Suite 220, Valencia, CA 91355
661-257-6000 • 800-640-0992
661-481-3630 Fax

Approved by the California Department of Justice & State Pharmacy Board

STANDARD FORMAT CALIFORNIA SECURE PRESCRIPTION FORMS

Standard Security Features: Void Pantograph, Security Features Listed in Security Border on Face, Security Backprinting, Reverse Rx on Top Right Corner, Batch Sequential Number, Microprint Signature Line, Thermochromatic Ink Feature, Printed on Chemical Void Safety Paper.

(Standard Size Form 4 x 5")
Base Copy Blue –
Imprint Information Black
(For up to THREE controlled
substance prescription)

(Standard Size Form 4 x 5")
Base Copy Blue –
Imprint Information Black
(For up to THREE controlled
substance prescription)

(Large Size Form 5 x 7")
Base Copy Blue –
Imprint Information Black
(For up to THREE controlled
substance prescription)

COMPLETE INFORMATION REQUIRED ON PAGE 1 AND 2 BEFORE ORDER WILL BE ENTERED

PRACTICE/PHYSICIAN NAME _____ DATE _____

Please Check One: ☐ New Customer ☐ Existing Customer – **Re-Order** ☐ Existing Customer – **New Order**

Re-Order # _____ ☐ Exact Reprint ☐ Changes Required
Located in the upper left hand corner of each scrip beginning with the letter "P"

In the Quantity Box indicate the number of Prescription Pads you're requesting.
For Laser Compatible Prescription Forms, indicate the number of forms you're requesting.
Refer to Current Price List for Available Quantities and Pricing

Standard set-up for one prescriber at one address is included in our base price. Additional prescribers and/or address' is extra.
Non-standard layout (including font style change) requires a separate design charge that starts at \$30.00.

Quantity	Description	Price Each	Total
	Single-Part Standard Size (4 x 5" – Pads of 100) For only ONE controlled substance prescription		
	Two-Part Standard Size* (Second Part Blank, 4 x 5" – Pads of 50) For only ONE controlled substance prescription		
	Single-Part Standard Size (4 x 5" – Pads of 100) For up to THREE controlled substance prescription		
	Two-Part Standard Size* (Second Part Blank, 4 x 5" – Pads of 50) For up to THREE controlled substance prescription		
	Single-Part Large Size (5 x 7" – Pads of 100) For up to THREE controlled substance prescription		
	Two-Part Large Size* (Second Part Blank, 5 x 7" – Pads of 50) For up to THREE controlled substance prescription		
	Laser Compatible (5 x 7" on an 8 1/2 x 11" Carrier) For up to THREE controlled substance prescription		
	Additional Prescriber(s) and/or Addresses — \$9.75 For Each Additional Prescriber and/or Address	9.75	

*Blank receiver sheet for your files

If you want to avoid a shipping charge, please **ENSURE** your order exceeds our minimum, or is picked up by an authorized person.

New Customers:

Payment in advance is required.

Complete the "Payment Options" section below.

Be sure and send (via email or fax) your current DEA registration(s).

Payment Options:

☐ Pre-pay with Major Credit Card – ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Check Enclosed

Account Number _____ Expiration Date _____ CVC # _____

Billing Address _____

City _____ State _____ Zip _____

Sub Total

California Sales Tax
(Indicate your Tax Rate: _____%)

Shipping & Handling
(Orders above \$500 Shipping & Handling is FREE)

Grand Total

COMPLETE INFORMATION REQUIRED ON PAGE 1 AND 2 BEFORE ORDER WILL BE ENTERED*(Please Print Clearly)*

PRACTICE NAME _____

* PRACTITIONER NAME _____
* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____SPECIALTY _____ ☐ Include on Script ☐ Do not Include on Script

* ADDRESS (No P.O. Box Allowed) _____

* CITY _____ * STATE _____ * ZIP _____

* PHONE _____ * FAX _____ ☐ Include on Script ☐ Do not Include on Script

* EMAIL ADDRESS (Does not print on script - for proofing purpose only) _____

* DEA # _____ * LICENSE # _____
(Must Email to: info@pacificprinting.com or Fax to: 661-481-3630 a copy of DEA Registration with order)

* PRACTITIONER SIGNATURE (Or Authorized Employee) _____ * DATE _____

* Required Fields

ADDITIONAL PRESCRIBERS*(Limited to 5 additional prescribers for standard size pads or 7 additional prescribers for large pads)** PRACTITIONER NAME _____
* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____* DEA # _____ * LICENSE # _____
(Must Email to: info@pacificprinting.com or Fax to: 661-481-3630 a copy of DEA Registration with order)* PRACTITIONER NAME _____
* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____* DEA # _____ * LICENSE # _____
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* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____* DEA # _____ * LICENSE # _____
(Must Email to: info@pacificprinting.com or Fax to: 661-481-3630 a copy of DEA Registration with order)**(Additional prescribers for large pads only)*** PRACTITIONER NAME _____
* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____* DEA # _____ * LICENSE # _____
(Must Email to: info@pacificprinting.com or Fax to: 661-481-3630 a copy of DEA Registration with order)* PRACTITIONER NAME _____
* ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ D.O. ☐ D.V.M. ☐ N.P. ☐ P.A. ☐ Other _____* DEA # _____ * LICENSE # _____
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California State Secure Prescription Pad Price List

(Effective October 2, 2023)

Single-Part Standard Size (4 x 5")

For only ONE controlled substance prescription

100-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	100	\$64.95	\$64.95
4	400	\$25.40	\$101.60
8	800	\$17.10	\$136.80
10	1000	\$14.50	\$145.00
20	2000	\$14.20	\$284.00
40	4000	\$10.80	\$432.00
50	5000	\$10.75	\$537.50
60	6000	\$10.65	\$639.00
80	8000	\$10.35	\$828.00

Two-Part Standard Size (4 x 5")

For only ONE controlled substance prescription – Blank receiver sheet for your files

50-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	50	\$79.95	\$79.95
4	200	\$33.15	\$132.60
8	400	\$20.15	\$161.20
10	500	\$17.80	\$178.00
20	1000	\$15.50	\$310.00
40	2000	\$13.60	\$544.00
50	2500	\$13.50	\$675.00
60	3000	\$13.30	\$798.00
80	4000	\$13.00	\$1,040.00

Single-Part Standard Size (4 x 5")

For up to THREE controlled substance prescription

100-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	100	\$69.95	\$69.95
4	400	\$27.70	\$110.80
8	800	\$18.70	\$149.60
10	1000	\$15.80	\$158.00
20	2000	\$15.45	\$309.00
40	4000	\$11.80	\$472.00
50	5000	\$11.70	\$585.00
60	6000	\$11.60	\$696.00
80	8000	\$11.30	\$904.00

Two-Part Standard Size (4 x 5")

For up to THREE controlled substance prescription – Blank receiver sheet for your files

50-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	50	\$87.95	\$87.95
4	200	\$36.15	\$144.60
8	400	\$22.00	\$176.00
10	500	\$19.35	\$193.50
20	1000	\$16.40	\$328.00
40	2000	\$14.40	\$576.00
50	2500	\$14.30	\$715.00
60	3000	\$14.10	\$846.00
80	4000	\$13.60	\$1,088.00

Single-Part Large Size (5 x 7")

For up to THREE controlled substance prescription

100-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	100	\$89.95	\$89.95
4	400	\$47.15	\$188.60
10	1000	\$32.45	\$324.50
20	2000	\$26.70	\$534.00
40	4000	\$21.70	\$868.00
50	5000	\$20.45	\$1,022.50

Two-Part Large Size (5 x 7")

For up to THREE controlled substance prescription – Blank receiver sheet for your files

50-Scripts Per Pad

No. of Pads	No. of Scripts	Price Per Pad	Total Price
1	50	\$99.95	\$99.95
4	250	\$55.00	\$220.00
10	500	\$34.15	\$341.50
20	1000	\$28.80	\$576.00
40	2000	\$24.00	\$960.00
50	2500	\$22.50	\$1,125.00

Laser Prescription Forms

For up to THREE controlled substance prescription

5 x 7" Prescription Script Area on an 8.5 x 11" Carrier

No. of Forms	Total Price	No. of Forms	Total Price	No. of Forms	Total Price
100	\$99.95	1000	\$350.00	5000	\$1,075.00
500	\$248.00	2500	\$700.00	10000	\$1,495.00

Non-Secure Pads

\$30 set up/design charge for new orders

4 x 5" - 100-Scripts Per Pad

No. of Pads	Total Price
4 Pads	\$69.00
8 Pads	\$99.00

Set-Up Charge

First Name/Address	Included FREE
Additional Names/Address	\$9.75/each
Non-standard layout (including font style change)	requires a separate design charge that start at \$30.00

Shipping & Handling Charges

Includes Proof of Delivery as required by State

Charges at Least	But Not More Than	Shipping Charge
\$0.01	\$180.00	\$19.00
\$180.01	\$310.00	\$21.00
\$310.01	\$500.00	\$23.00
\$500.01	& Up	FREE

*In addition to the above shipping & handling charges. Prices subject to change without notice

California Standard Format Secure Prescription Authorization Form

California law requires Pacific Printing Company to only accept orders from and deliver finished secure scrip to a licensed prescriber. Pacific Printing Company will only accept orders from and deliver orders to a licensed prescriber unless a prescriber authorizes us, in writing, to either accept orders from and/or deliver to another person (or persons) – typically an employee.

If you would like Pacific Printing Company to accept orders from and/or deliver completed scrip to someone other than the licensed prescriber, please complete this form and return it with pages 1 and 2.

I, _____ authorize Pacific Printing Company,
(Prescriber's Name – Please PRINT)
California Security Printer SP49, to either accept orders and/or receive completed orders on my behalf.
I understand that I accept full responsibility for the safe handling of secure prescription scrip by anyone listed on the following list.

Signature of Prescriber: _____ Date _____

Name of Authorized Person:

(Please PRINT)

- ☐ Place secure prescription orders
- ☐ Receive secure prescription packages
- ☐ Both order and receive

(Authorized Person's Signature) Date _____