Order Blank for California Standard Format Secure Prescription Forms

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

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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

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

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

Laser Prescription Forms

For up to THREE controlled substance prescription 5 x 7" Prescription Script Area on an 8.5 x 11" Carrier

	ice No. of Forms Total Price	No. of Pads	Total Price
100 \$99.95 1000 \$350.00	5000 \$1,075.00	4 Pads	\$69.00
500 \$248.00 2500 \$700.00	0 10000 \$1,495.00	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

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

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

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

Non-Secure Pads

\$30 set up/design charge for new orders 4 x 5"-100-Scripts Per Pad

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
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*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.

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

Date _____

Name of Authorized Person:

(Please PRINT)

Place secure prescription orders

Receive secure prescription packages

(Authorized Person's Signature)

Both order and receive

Date ___