



Delaware Controlled Substance Prescription Order Form.

To order counterfeit-resistant prescription blanks:
COMPLETE ORDER FORM and SUBMIT TO:
Quill.com
Fax: 800-328-0023
Email: RX@quill.com

If you have any questions, call 800-789-6040

Security Features

1. "Void" pantograph appears if photocopied
2. Solvent reactivity
3. Sequential numbering
4. 2 signature lines
5. Microprinting in signature line
6. Coin-reactive ink
7. Thermochromic ink feature
8. Solid-colored background
9. Watermark

Item Number	Description	Parts	Qty./Pad	Size
PC4DE	Single Prescription (Single or Multiple prescribers)	1	100	4 ¼ x 5 ½ "
Starts at 4 pads for a minimum order. Order in increments of 4				

Item Number	Description	Parts	Qty./Book	Size
PC4DE2	Single Prescription (Single or Multiple prescribers)	2	50	4 ¼ x 5 ½ "
Starts at 9 books for a minimum order. Order in increments of 9				

Note: Pricing available by request and subject to change. Quill.com collects tax in all states that have a sales/use tax. It will be added to your final order confirmation at the applicable rate for your state.

Account number:					
Bill to company name:					
Address:					
City:		State:		Zip:	

Ship to name:					
Ship to address:					
City:		State:		Zip:	

Ship to: This MUST match what is on file with the Delaware Department of Public Relations. Shipment must be signed by an adult

Item number	Quantity

Note: If the quantity does not align with minimum order requirements/increments above, we will correct to the closest fulfillable quantity.

Free proofs automatically sent on NEW orders or a reorder with changes. If you are reordering, and there are no changes from your previous, no proof will be sent (unless requested) as prior imprint information is on file. Please keep in mind that requesting proofs on reorders can delay your order up to 6 additional days.

Email Address for Proof: _____

Prescriber information: The information below will be pre-printed on the pads.

To process your order, complete the designated practitioner’s license number and include their signature below.

License number for printer validation: _____

Practitioner’s Name	Degree	License #	DEA #	Signature
<i>4 practitioners allowed per pad</i>		<i>Optional. We will pre-print a blank line if number is not provided</i>	<i>Optional. We will pre-print a blank line if number is not provided</i>	<i>One designated practitioner’s signature is required</i>

Clinic Information: Please detail the information you want pre-printed. To ensure accuracy include a sample of the clinic(s) information as printed on a prescription. Only 4 locations allowed per pad. If numbering or body print is required, you will be charged accordingly.

Clinic Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			