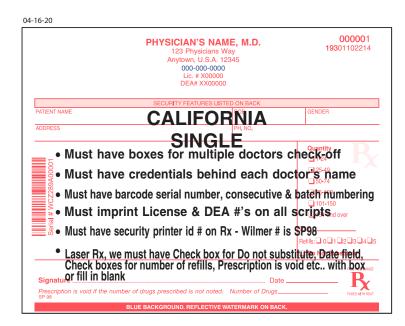
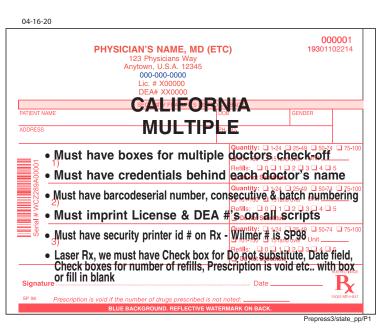
	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # AND DEA # AND ACSC#	1234567 PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 NPI # 1234567890
		PATIENT NAME DATE DATE DATE DATE
PP####0.00	 Recommended to have DEA and LIC # and Alabama Controlled Sub. # Recommended to have physician/practice name, address Must have signature lines at bottom Must have Dispense as Written & Substitution Permitted listed on script location Refill NR 1 2 3 4 5 doesn't matter 	 No recommendations on format Medicaid scripts must have NPI # printed on pad Medicaid scripts must have consecutive numbering Physician Assistant need supervising physician name on Rx Ary drug which is the generic or chemical equivalent of the drug specified above in this prescription may be disparaed is listed in the current edition of either the National Formulary or the United States Refill NR 1 2 3 4 5 Void After

PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000
PATIENT NAME DATE DATE DATE DATE	PATIENT NAME DATE DATE DATE DATE
 No recommendations on format Medicaid scripts must be on secure Rx paper Meet CMS guidelines 	 No recommendations on format
Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (\v) has been handwritten in the box in the right-hand lower comer.	Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed is listed in the current edition of either the National Formulary or the United States Pharmacopoeia and provided that no check mark (v) has been handwritten in the box in the right-hand lower corner.
Refill NR 1 2 3 4 5 Void After	Refill NR 1 2 3 4 5 Void After
Signature Prescription is void if more than one (1) prescription is written per blank. Prescription is void if more than one (1) prescription is written per blank.	Signature Prescription is void if more than one (1) prescription is written per blank.





PRESCRIPTION PADS BLUE = RECOMMENDED RED = MUST •

PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000
Patient Name
Address Date CONNECTICUT
No recommendations on format
Refill Times PRN NR
Signature

	00001 PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000 Lic. # X00000
	Name DELAWARE
PP02212-12-05	 Must always have a blue background Must have license number imprinted Must be consecutive numbered from order to order Must have two signature lines, side by side or stacked Must have a refill indicator with any amount of numbers Must have "Substitution Permitted OR Substitution Permissiable" & Must In order for Only 1 controlled substance preprinted per script, if preprinted, qty. of drug must be in number & text format Substitution Permitted OR Substitution Permissible In order for a brand name product to be dispensed, the prescriber must have with strand Weessary" or "Brand Medically Necessary" in the space provided.

	PHYSICIAN'S NAMI 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	E
Address	WASHINGTO	
	No recommendations	on format
	T	
	Times PRN NR	RUB RED IM

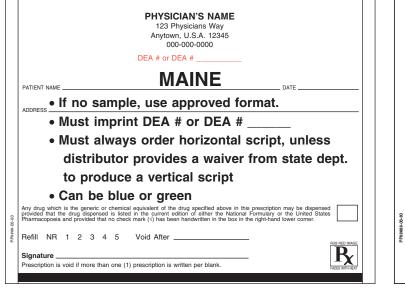
C	9-10-18		
	WIL0602200001		
	PHYSICIAN'S NAME, MD		
	123 Physicians Way		
	Anytown, U.S.A. 12345		
	000-000-0000 DEA # or DEA #		
	FLORIDA		
	Patient Name No recommendations on format		
	Address • Must have 3 letter approved prefix with batch #		
	DEA # or DEA must be on script		
	 Controlled substance scripts must have MD or 		
	Facility name, address and licensure category		
	imprinted unless computer generated		
	• LIC# must still be given to verify, but we don't have		
	to imprint the LIC#		
	No restrictions on pre-printing substances on pad		
	•ARNP & CNS must be changed to APRN		
	"MEDICALLY NECESSARY" ON THE PRESCRIPTION.		

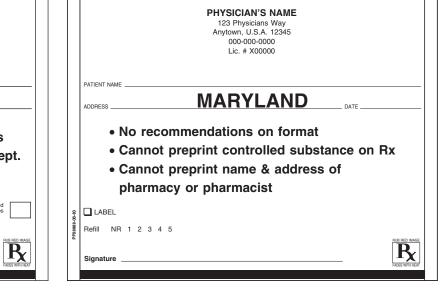
	123 Physicians Way Anytown, U.S.A. 12345 000-0000
Patient Name _	
Address	
• No	recommendations on format
• Effe	ected 7/1/13 Meet CMS requirements,
• Effe	
• Effe	ected 7/1/13 Meet CMS requirements,
• Effe • Mus	ected 7/1/13 Meet CMS requirements,
• Effe • Mus	ected 7/1/13 Meet CMS requirements, st be on secure paper
• Effe • Mus	ected 7/1/13 Meet CMS requirements,
• Effe • Mus	ected 7/1/13 Meet CMS requirements, st be on secure paper

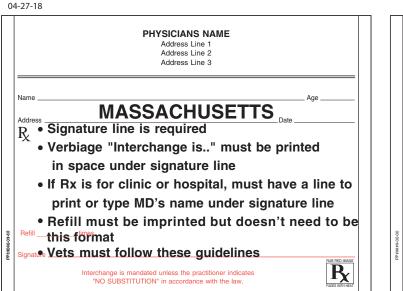
RED = MUST •	BLUE = RECOMMENDED
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000
Name Age	ADDRESS
Address Date	IDAHO
No recommendations on format	 Check box with Dispense as Written is recommended
Refill Times (Signature) To ensure brand name dispensing, practitioner must handwrite "Do Not Substitute, Brand Medically Necessary" on the prescription.	Dispense As Written Signature
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000	If logo is needed must fit in this area 123 Physicians Way Anytown, U.S.A. 12345 000-0000 ULIC. # or LIC.
NAME DATE	
ADDRESS ILLINOIS • Must have May Not Substitute and Signature line • Cannot preprint Controlled Substance on script	 Address: Approved format must be used 1" logo box at top left try to keep imprint out of this area but if needed can run in this area this area but if needed can run in this area knockout Rx on right do not let imprint 50-74 run into this area 75-100 Cannot preprint any type of drugs on script 101-150 Script must be 5.5" wide by 4.25" tall
REFILL TIMES Signature MAY SUBSTITUTE MAY NOT SUBSTITUTE	Prescription is void if more than one (1) prescription is written per blank.

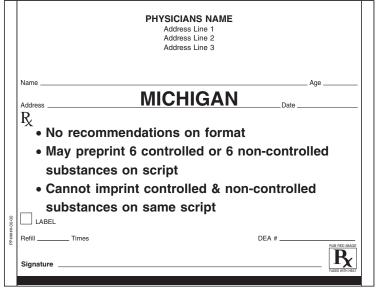
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000
Patient Name Address Date	ADDRESS DATE
IOWA	Signature lines at bottom are recommended
 No recommendations on format 	• Dispense As Written is on the left, and Brand Exchange Permissible on the right
Refil Times PRN NR Signature Ris rep Mare	Refill NR 1 2 3 4 5 DISPENSE AS WRITTEN BRAND EXCHANGE PERMISSIBLE REGENTION

	PTION PADS 04/27/18 BLUE = RECOMMENDED
If logo is needed must fit in this area text can appear in this area if no logo is needed. FAMILY PRACTICE CENTER Physician Name Address Phone NO TEXT ON TOP OF THE RX Drysician Name Address Address Phone NUMBERING CAN Phone DEA# DEA# License # License #	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000
ADDRESS KENTUCKY	LOUISIANA DATE DATE LOUISIANA Must have A check off box with Dispense as written & refill with a line Only 1 Signature is allowed on script No restrictions on preprinting controlled substances No more than 4 drugs per prescription (in case we preprint) Medicaid/Medicare must handwrite "brand necessary" or "brand medically necessary" on script.
Refill NR 1 2 3 4 5 Signature Prescription is void if more than one (1) prescription is written per blank. Ref RED MAGE	Refills





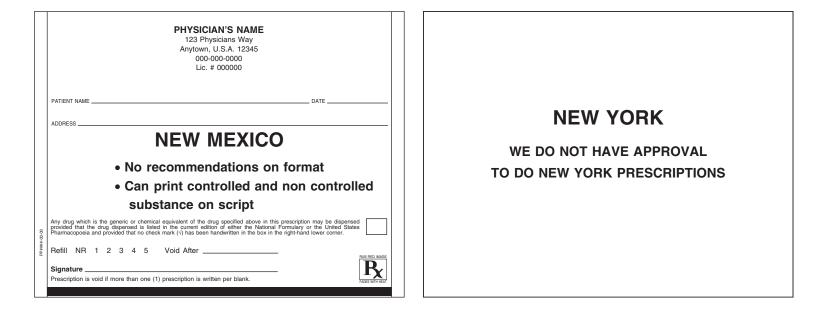




PRESCRIPTION PADS		
• RED = MUST •	BLUE = RECOMMENDED	
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000	
Patient Name	PATIENT NAME	
MINNESOTA No recommendations on format 	 Signature lines at bottom are recommended Dispense As Written is on the left, and Substitution Permitted on the right 	
LABEL Refill Times PRN NR Signature	Image: Substitution permitted Refill NR 1 2 3 4 5	
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # 000000	
PATIENT NAME	PATIENT NAME ADDRESS	
 Must have two signature lines Substitution Permitted is on the left, and Dispense As Written is on the right 	MONTANA • No recommendations on format	
Refill NR 1 2 3 4 5	Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed is listed in the current edition of either the National Formulary or the United States pharmacoposia and provided that no check mark (s) has been handwritten in the box in the right-hand lower corner. Refill NR 1 2 3 4 5 Void After	
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN	Signature	
PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	4-27-18 PHYSICIAN'S NAME, M.D. 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 DEA # XXXXX OR• Lic. # X00000 OR	
Patient Name Address Date	NAME DATE ADDRESS DOB	
NEBRASKA	ICD-10 Diagnosis NEVADA This prescription provides (number of days) days of medication Approved format recommended for controlled substance Initial Quantity ICD-10 diagnosis code & This prescription is recommended 1:24 ICD-10 diagnosis code & This prescription is recommended 1:25	
No recommendations on format	Check box with Dispense as Written is recommended 50.74 75-100 101-150 151 and over	
Refill Times PRN NR	Signature	

		BLUE = RECOMMENDED
	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # 000000 PATIENT NAME DATE	
	ADDRESS NEW HAMPSHIRE • No recommendations on format	NEW JERSEY WE HAVE APPROVAL TO DO NEW JERSEY PRESCRIPTIONS Refer to New Jersey files
PP####-00-00	Any drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed in the current edition of either the National Formulary or the United States with the drug dispensed is listed in the current edition of either the National Formulary or the United States with the drug dispensed is listed in the current edition of either the National Formulary or the United States with the drug dispensed is listed in the current edition of either the National Formulary or the United States with the drug dispensed is listed in the current edition of either the National Formulary or the United States with the text of t	

DRESCRIPTION DADS

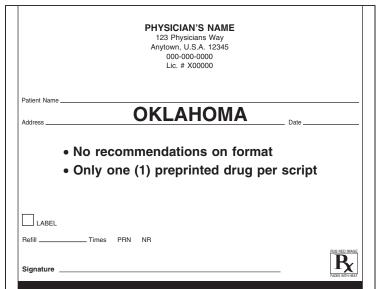


	If logo is needed PHYSICIAN'S NAME must fit in this area 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000
	 May have 2 signatures lines at the bottom or 1 sig line with check boxes for PSP and DAW If using 2 sig lines, Product Selection Permitted is on the left, and Dispense As Written is on the right
0	Cannot preprint controlled substances on script 1" logo box at top left corner
PP#####00-00	Refill NR 1 2 3 4 5
	PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

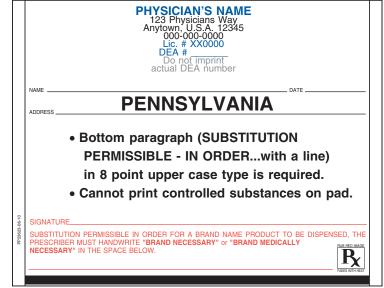
	PHYSICIAN' 123 Physicia Anytown, U.S. 000-000-0 Lic. # 000	ns Way A. 12345 0000	
	PATIENT NAME	DATE	
	ADDRESS		
	NORTH D	ΑΚΟΤΑ	
	 No recommenda 	tions on format	
00-00	No recommendat Any drug which is the generic or chemical equivalent of the drug approvided that the drug depensed is listed in the current edition of Pharmacopoeia and provided that no check mark (v) has been handwr	ecified above in this prescription may be dispensed either the National Formulary or the United States	
PP####-00-00	Any drug which is the generic or chemical equivalent of the drug spo provided that the drug discensed is listed in the current edition of .	ectified above in this prescription may be dispensed either the National Formulary or the United States litten in the box in the right-hand lower corner.	RED IMAGE

01/14/2014

	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000
	NAME DATE
0-00	 Name, Address, and Refill with numerals are recommended. Allowed to preprint 3 non-controlled substances on Rx Allowed to preprint 1 controlled substance on Rx Cannot mix non-controlled & controlled on same Rx
PP####-00-00	Refill 1 2 3 4 5 Signature



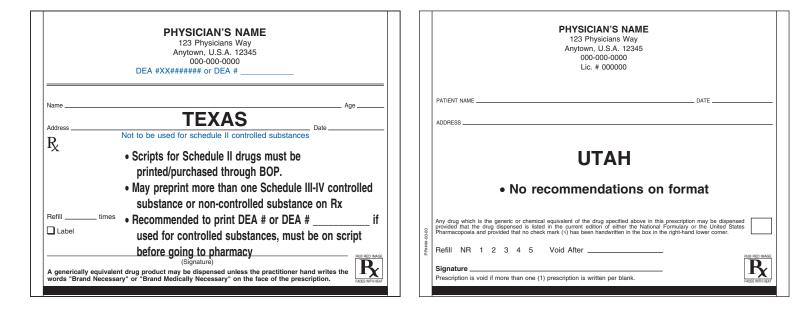
	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-000 Lic. # 000000			
PATIENT NAME	OREGON			
ADDRESS We	cannot imprint the DEA# or			
	trolled substances on scripts for dentist			
• No	recommendations on format			
 May imprint controlled & non-controlled drugs 				
	mix controlled & non-controlled drugs on same script			
Any drug which is provided that the o	the generic or chemical equivalent of the drug specified above in this prescription may be dispensed trig dispensed is listed in the current edition of either the National Formulary or the United States d provided that no check mark (v) has been handwritten in the box in the right-hand lower corner.			
Refill NR 1	2 3 4 5 Void After			
Signature				



06-18 PHYSICIAN'S NAME PHYSICIAN'S NAME 123 Physicians Way 123 Physicians Way Anytown, U.S.A. 12345 Anytown, U.S.A. 12345 000-000-0000 000-000-0000 Lic. # X00000 Lic. # X00000 PATIENT NAME NAME **RHODE ISLAND** SOUTH CAROLINA ADDRESS ADDRESS Signature lines at bottom are required on ALL Signature with a line is recommended scripts • Dispense As Written is on the left, and Substitution Permitted on the right • All schedule II, III, IV & V must be on tamper □ LABEL resistant paper Refill 1 2 3 4 5 NR 1 2 3 4 5 Refill **R**_x R Signature DISPENSE AS WRITTEN SUBSTITUTION PERMITTE Prepress3/state_pp

X

	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # 000000		PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000
	PATIENT NAME DATE ADDRESS		PATIENT NAME
	SOUTH DAKOTA		 Signature lines at bottom are recommended Dispense As Written is on the left, and Substitution Allowed on the right
00	No recommendations on format	00-1	 No regulations on preprinting of controlled or non-controlled substances LABEL
PP####-00-	Refill NR 1 2 3 4 5 Void After	0-####dd	• All prescriptions must be on secure paper Refile NR 1 2 3 4 5 including non-controlled
	FADES WITH HEAT		FADES WITH HE



	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	
	ADDRESS DATE DATE	AGE	
	 No recommendations on format 	 R No recommendations on format Allow to preprint Schedule VI (non-controlled) drugs Cannot preprint Schedule II - V 	
PP11042-09-07	RUB RED IMAGE	[RUB RED
	Signature	(Signature) To ensure brand name dispensing, check box.	FADES WITH

Τ

PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000		
PATIENT NAME	DATE	
ADDRESS	DOB	
WASHINGTON	DOB	
		Quantity
 Must have signature lines at botton 	n	1-24
Substitution Permitted must be on	the left	25-49
• Substitution Permitted must be on		50-74 75-100
Dispense as Written must be on th	e right	101-150
. Powl must shusys be in bottom	Ŭ	151 and over
 Bowl must always be in bottom 	Unit	
right hand corner	efills: 0 - 1 - 2 -	3 - 4 - 5
	naner	SA 500 APDrovest
All prescription must be on secure	puper	6
• All prescription must be on secure (even non-controlled)	paper	A LOGE OF WARNING

	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000
	PATIENT NAME DATE
	ADDRESS
	WEST VIRGINIA
	1-24
	 Approved format must be used 25.49 50.74 75-100 101-150
0-00	Refill NR 1 2 3 4
PP####-00-00	Signature
рРц	Prescription is void if more than one (1) prescription is written per blank. THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS BRAND MEDICALLY NECESSARY ARE WRITTEN, IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-000-0000 Lic. # X00000	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # 000000
	PATIENT NAME	PATIENT NAME DATE ADDRESS 1-24 WYOMING 25-49 50-74 50-74
PP28828-00-40	No recommendations on format LABEL Refill NR 1 2 3 4 5	Must have refill indicator 175-100 101-150 and Quantity check off boxes 151 and over Ary drug which is the generic or chemical equivalent of the drug specified above in this prescription may be dispensed provided that the drug dispensed to itseld in the current edition of either the National Formulary or the United States Refill NR 1 2 3 4 5 Void After
	Signature	Signature Prescription is void if more than one (1) prescription is written per blank. Prescription is void if more than one (1) prescription is written per blank. Prescription Prescription Prescription Talwa
	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Lic. # X00000	Name Percenter's Reg. No. Date PATHENT ENCORMANTORA Name Head Instrume Yes Address Topphener No. Height (m) Patent's ID No. Weight St. Lucia Islands KD au Leader
	ADDRESS DATE Puerto Rico • No recommendations on format • Follow USA's CMS Guidelines	PERCENTIONS) •
PP28628-06-00	LABEL Refill NR 1 2 3 4 5 Signature	Signature PHARMACENT INFORMATION Name (Block Letters) or Stamp Pharmaceit Reg. No. Signature Prepress3/state pp/P

	PHYSICIAN'S NAME 123 Physicians Way Anytown, U.S.A. 12345 000-0000 Registration # X00000
	PATIENT NAME
	ADDRESS DATE JAMAICA HEALTH RECORDS #
PP####-00-00	 Must have Physician name, address & Reg. # Approved Format Must have signature lines at bottom
	Signature