Printco Incorporated
P.O. Box 440 • 1434 Progress Lane
Omro, Wisconsin 54963-0440
Telephone (920) 685-5662 • Fax (800) 541-5967

* LASER - ORDER BLANK *

FLORIDA STANDARD FORMAT PRESCRIPTION FORM

If Reorder - Prev. Job #_____

ORDER DATE _____ DEALER P.O. _____ CUSTOMER P.O. _____

DEALER NAME _____ DEALER #_____ SIGNATURE _____

ADDRESS _____

SHIPPING INFORMATION: _____

_____

_____

STYLE

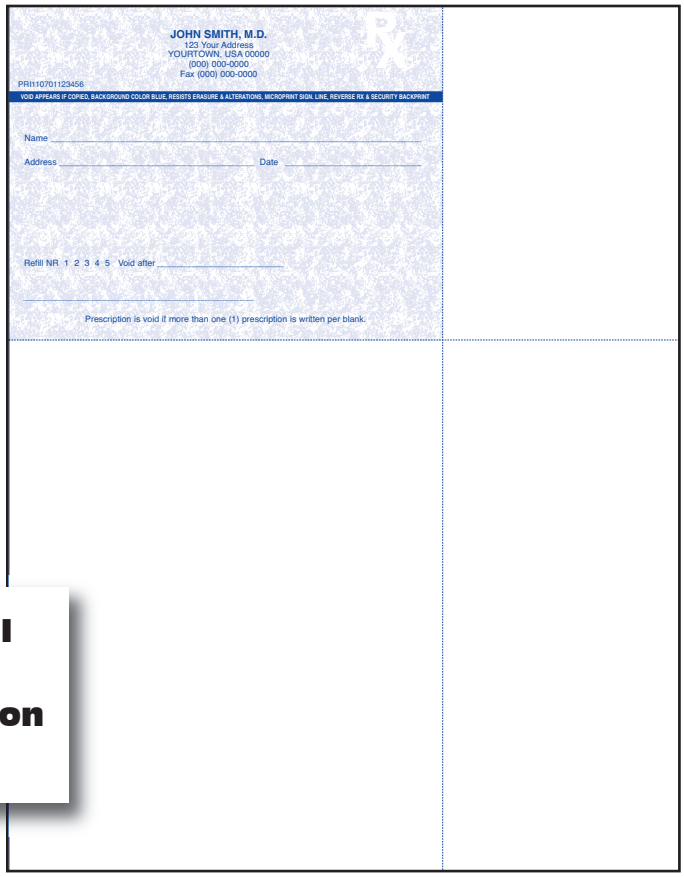
- ❒ PRES1L-FL
- ❒ HS1-BK-IMP
- ❒ HS2-BK-IMP
- ❒ HS4-BK-IMP
- ❒ HS5-BK-IMP

See Illustrations on the Back of this Form

- ❒ IMPRINT BATCH # ONLY
- ❒ IMPRINT PRACTICE INFORMATION (Provide Layout)

QUANTITY

- ❒ 250
- ❒ 500
- ❒ 1000
- ❒ 2000
- ❒ 4000
- ❒ 6000
- ❒ 8000
- ❒ 10000



Additional Styles Illustrated on the Back

COMPLETE INFORMATION IS REQUIRED BEFORE ORDER WILL BE ENTERED.

PRACTICE NAME _____

PHYSICIAN NAME _____

SPECIALTY _____

ADDRESS (No P.O. Box Allowed) _____

CITY _____ STATE FL ZIP _____

PHONE _____ FAX _____

DEA # _____ LICENSE # _____ NPI # _____

PHYSICIANS SIGNATURE _____ (Or Authorized Employee)

☐ Please provide proof: ☐ Mail ☐ Fax _____ ☐ Email _____

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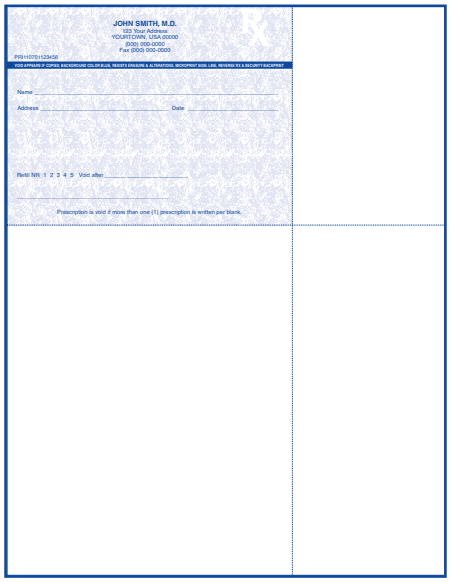
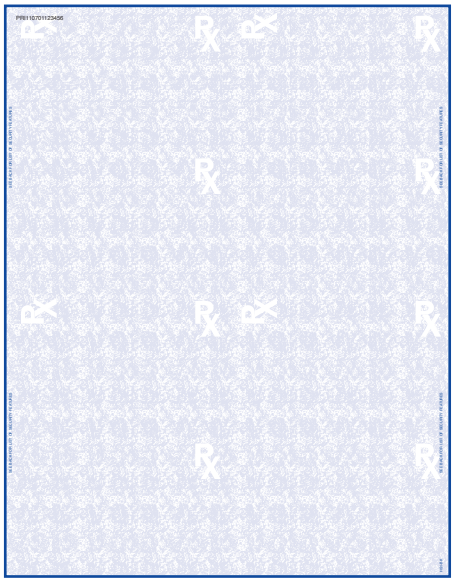
Landscape Top Left Preformated



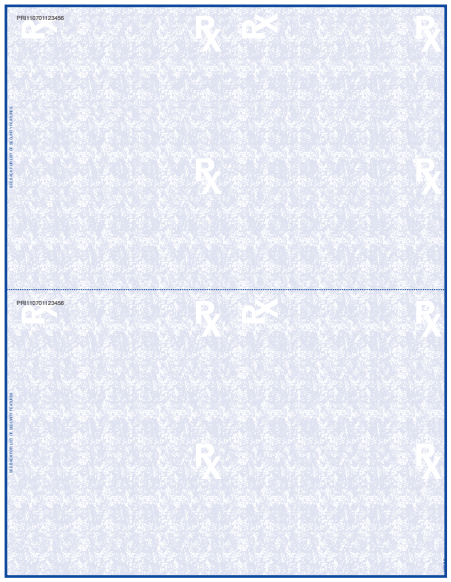
PRES1L-FL (Imprinted)
8½" x 11"
Horizontal Perf. 4¼" TOF
Vertical Perf. 5½" LOF

Full Page Design



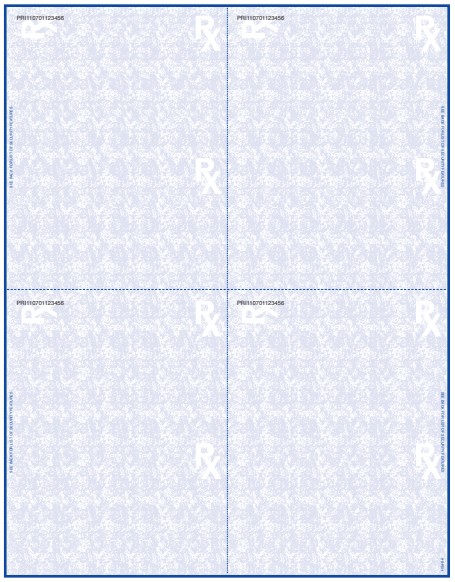
HS1-BK-IMP (Imprinted)
8½" x 11"

2-up Design



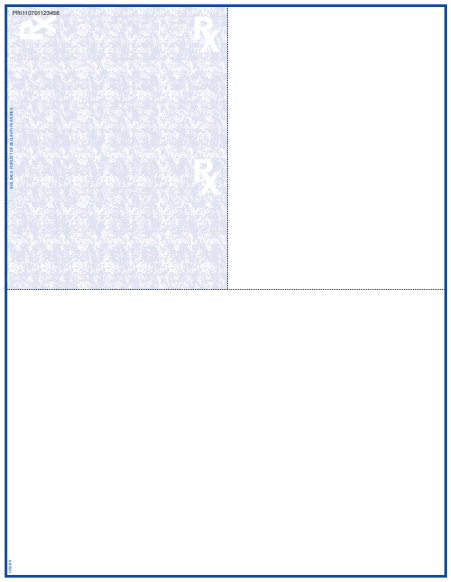
HS2-BK-IMP (Imprinted)
8½" x 11"
Horizontal Perf. 5½" TOF

4-up Design



HS4-BK-IMP (Imprinted)
8½" x 11"
Horizontal Perf. 5½" TOF
Vertical Perf. 4¼" LOF

Portrait Top Left (Void Panto Top Left Only)



HS5-BK-IMP (Imprinted)
8½" x 11"
Horizontal Perf. 5½" TOF
Vertical Perf. 4¼" LOF