

California Prescribing Doctor(s),

Beginning January 1, 2005, written prescriptions for controlled substances must be on tamper resistant security prescription forms that have been preprinted by a Board-approved printer and must contain specific elements (Health & Safety Code Section 11162.1 et seq.).

We are pleased to inform you that Para Twin Palms Printing, Inc. has been approved as a security printer in the State of California (<u>https://oag.ca.gov/security-printers/approved-list</u>). Our tamper-resistant forms have the following safety features:

- Latent Repetitive Void Pattern
- Watermark
- Chemical Void
- Thermochromic Ink Feature
- Opaque Writing
- Quantity Check-off Boxes
- Unit Designation
- Multiple Drug Statement
- "Do Not Substitute" Check Box
- Refill Check Boxes
- Form Batch Numbers
- Unique serialized number in accordance to Assembly Bill 149 (AB 149), which became effective on March 12, 2019, introduces new form features and a corresponding transition period.

We have two generic prescription form templates to choose from. Each template can be printed in a variety of sizes. If you already have a layout and design, we would be happy to accommodate your customized form.

Please contact if you have any questions about our product or the CA regulations on secure prescription forms. We are happy to assist you in any way we can. We hope to hear from you soon!

Sincerely,

Para Twin Palms Printing, Inc



SECURE PRESCRIPTION FORM PRICING

PRESCRIPTION PADS						
SIZE	TYPE	TYPE10 pads of 5010 pads of 100		OFFICE USE		
4 1/4 x 5 1/2	Single Form	\$117.50	\$160.00	S-1		
4 1/4 x 5 1/2	Duplicate Form	\$137.50	\$192.50	SDP-1		

8 x 3 1/2	Single Form	\$149.50	\$195.00	S-2
8 x 3 1/2	Duplicate Form	\$160.00	\$230.00	SDP-2

8 1/2 x 5 1/2	Single Form	\$198.00	\$320.00	S-3
8 1/2 x 5 1/2	Duplicate Form	\$264.00	\$396.00	SDP-3

ELECTRONIC PRESCRIPTION SHEETS						
SIZE TYPE 250 SHEETS 500 SHEETS 1000 SHEETS OFFICE USE						
8 1/2 X 11	Single sheets	\$228.00	\$340.00	\$620.00	S-4	

ADDITIONAL PRICING INFORMATION

- \$25.00 one-time charge for typesetting new forms
 - \$15.00 charge for changes to re-orders
 - Shipping fees do apply

PLEASE NOTE

• Per CA regulations, orders will only be shipped individually to the address printed on the prescription form via UPS. Adult signature is required.

• Per CA regulations, it is required that we include every doctors name,

DEA license and registration number, address, and phone number on every form.

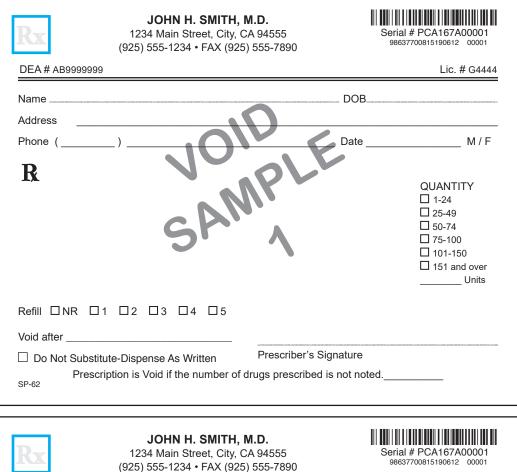
• We require that payment is received before any prescription order is shipped

• MINIMUM ORDER = 10 PADS OF 50 OR 500 SHEETS

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PARA TWIN PALMS PRINTING



Patient		DOB		
Address	Phone ()		M / F
	MG/CC	QUANTITY	TIMES REFILL	
R1		□ 1-24 □ 25-49 □ 50-74 □ 75-100	□ NR □ 1 □ 2	DO NOT SUBSTITUTE
		□ 101-150 □ 151 and over Units	□3 □4 □5	DROWSINESS PRECAUTION
R2 GO		□ 1-24 □ 25-49 □ 50-74	□ NR □ 1 □ 2	DO NOT SUBSTITUTE
5.6		□ 75-100 □ 101-150 □ 151 and over Units	$ \begin{array}{c} \Box 2 \\ \Box 3 \\ \Box 4 \\ \Box 5 \end{array} $	DROWSINESS PRECAUTION
R 3		□ 1-24 □ 25-49 □ 50-74	□ NR □ 1 □ 2	DO NOT SUBSTITUTE
		□ 75-100 □ 101-150 □ 151 and over	□3	DROWSINES: PRECAUTION

PLEASE NOTE: Proofs sent out prior to printing will not show the Serial number. Samples above will show where the serial number will be placed.

PLEASE USE ONE SHEET PER ORDER



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IMPORTANT REMINDER:

The CA State Pharmacy Board requires the following documents are collected prior to processing secure RX orders:

- 1. A copy of each prescribing doctor's current **DEA Registration** and **CA License.** Copies may be emailed or faxed.
- 2. Completed order forms: Orders can not be processed if incomplete.

Standard Security Features: Void Pantograph, Security Back Printing, Batch Number and Serial Number, Microprint Signature Line, Thermochromic Ink Feature, Printed on Special Safety Paper.

CUSTOMER INFORMATION				
Company/Doctor:			Date:	
Ordered By:			_ PO No.:	
Shipping Address:				
City: State: _	Zip:			
Phone No.: Fax No.:_		E-Mai	l:	
CREDIT CARD INFORMATION				
Customer Credit Card: Card #:				
Expiration: Vin #:				
PRESCRIPTION INFORMATION				
□ RE-ORDER, NO CHANGES □ NEW ORDER				
SAMPLE: 🖵 #1 🖵 #2				
SIZE: 4.25" X 5.5" (STANDARD) 8" X 3.5" 85.5"	X 5.5" 🗖 8.5" X 11"			
TYPE: 🔲 SINGLE FORM 🛛 DUPLICATE FORM				
QTY: 10 PADS OF 50 20 PADS OF 50 40 PAD	DS OF 50 🔲 10 PADS	S OF 100 🔲 40 PAE	OS OF 100	
250 SHEETS (NO PADS) 500 SHEETS (NO P	ADS)			
PRESCRIBER INFORMATION				
NAME (one or more Doctors/R.N) (per address)	LICENSE #	EXP. DATE	DEA	# EXP. DATE
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