



PARA TWIN PALMS PRINTING

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 (<https://oag.ca.gov/security-printers/approved-list>). 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



PARA TWIN PALMS PRINTING

SECURE PRESCRIPTION FORM PRICING

PRESCRIPTION PADS				
SIZE	TYPE	10 pads of 50	10 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**



PARA TWIN PALMS PRINTING



JOHN H. SMITH, M.D.
1234 Main Street, City, CA 94555
(925) 555-1234 • FAX (925) 555-7890



Serial # PCA167A00001
98637700815190612 00001

DEA # AB9999999

Lic. # G4444

Name _____ DOB _____

Address _____

Phone (_____) _____ Date _____ M / F

R

VOID
SAMPLE
1

QUANTITY

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Refill NR 1 2 3 4 5

Void after _____

Do Not Substitute-Dispense As Written

Prescriber's Signature _____

Prescription is Void if the number of drugs prescribed is not noted. _____

SP-62



JOHN H. SMITH, M.D.
1234 Main Street, City, CA 94555
(925) 555-1234 • FAX (925) 555-7890



Serial # PCA167A00001
98637700815190612 00001

DEA # AB9999999

Lic. # G4444

Patient _____ DOB _____

Address _____ Phone (_____) _____ M / F

	MG/CC	QUANTITY	TIMES REFILL	
R 1		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ Units	<input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> DO NOT SUBSTITUTE <input type="checkbox"/> DROWSINESS PRECAUTION
R 2		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ Units	<input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> DO NOT SUBSTITUTE <input type="checkbox"/> DROWSINESS PRECAUTION
R 3		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ Units	<input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> DO NOT SUBSTITUTE <input type="checkbox"/> DROWSINESS PRECAUTION

VOID
SAMPLE
2

Prescriber's Signature _____

Date _____

Prescription is Void if the number of drugs prescribed is not noted. _____

SP-62

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.



PARATWIN PALMS PRINTING

PLEASE USE ONE SHEET PER ORDER

125 Mason Circle, Suite L, Concord, CA 94520
(925) 671-7787 • (925) 671-7795 FAX
Email: mimi@paratwinpalms.net
www.paratwinpalmsprinting.com

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-Mail: _____

CREDIT CARD INFORMATION

Customer Credit Card: Card #: _____ VISA MC DISC

Expiration: _____ Vin #: _____ Zip Code: _____

PRESCRIPTION INFORMATION

RE-ORDER, NO CHANGES NEW ORDER

SAMPLE: #1 #2

SIZE: 4.25" X 5.5" (STANDARD) 8" X 3.5" 8.5" X 5.5" 8.5" X 11"

TYPE: SINGLE FORM DUPLICATE FORM

QTY: 10 PADS OF 50 20 PADS OF 50 40 PADS OF 50 10 PADS OF 100 40 PADS OF 100

250 SHEETS (NO PADS) 500 SHEETS (NO PADS)

PRESCRIBER INFORMATION

NAME (one or more Doctors/R.N) (per address)	LICENSE #	EXP. DATE	DEA#	EXP. DATE
_____	_____	___/___/___	_____	___/___/___
_____	_____	___/___/___	_____	___/___/___
_____	_____	___/___/___	_____	___/___/___
_____	_____	___/___/___	_____	___/___/___
_____	_____	___/___/___	_____	___/___/___
_____	_____	___/___/___	_____	___/___/___

Prescriber Signature (or authorized person): _____