Counterfeit-Proof Prescription Pad Sample

SPECIFICATIONS FOR FRONT OF RX PAD

NAME OF PRACTITIONER or HOSPITAL or FACILITY
ADDRESS | CITY, STATE ZIP | TELEPHONE
DEA # ____________

NAME: _________________________________________________
ADDRESS: ________________________________ DATE: ________

Rx

CATEGORY OF LICENSURE

BACKGROUND INK

DEA NUMBER

PATIENT INFORMATION

PRESCRIBER LOCATION

PRESCRIBER INFORMATION

TRACKING NUMBER

7) The print vendor’s unique tracking number must include three subsets:
   1. a unique alphabetic prefix that readily identifies the vendor
   2. the date of printing (YRMODY)
   3. a batch number assigned by the vendor
   Tracking number must be anywhere on the front and readily visible

8) List of security features, which may be printed on front or back of prescription pad
   (features listed on sample above are the minimum requirements)

DETAILS OF EACH SPECIFICATION BELOW

1) The name of the healthcare practitioner or hospital or facility
2) Physical address of the healthcare practitioner or hospital or facility
3) A space for the DEA number (this information can also be printed on the script)
4) A space for patient information and the date the prescription was written
5) Blue or Green background ink that resists reproduction
6) Category of Licensure for prescribing practitioner
   (may be abbreviated or spelled out e.g. MD or Medical Doctor)