TWO POINT®

TAMPER RESISTANT RX PADS

PHONE: 1-800-800-5876 FAX: 615-259-3111 OR

EMAIL: CUSTOMERSERVICE@TWOPOINTINC.COM

DOCTOR'S NAME(S)

Medical Center or Clinic

Your Building • Your Address

City, State, Zip • Phone

Doctor(s) Practice Dr. Name and Title

Your For	m Number	and Kevisio	n Date								
TAMPE	R-RESIS	TANT: Vo	id Panto	• Heat	Sensitive	Red Ink •	Micro Printir	g • True Wate	ermark • Security	y Fibers • Cl	hemical Reactors
R.	Name Date Address Label									YES	S NO
R.	Tamper Resistant Prescription Paper New federal guidelines enacted on October 1, 2007 (extended to April 1, 2008) require all doctors to write Medicaid prescriptions on tamper resistant paper. By April 1, 2008 the paper must have at least one of the following categories: • a feature designed to prevent unauthorized copying • a feature designed to prevent the erasure or modification of information • a feature designed to prevent the use of counterfeit prescription forms On Oct. 1, 2008 the paper will be required to have features in all three categories. TWO POINT® Tamper Resistant Prescription Paper has multiple features and covers all categories listed above.									Quantity] 1 - 24] 25 - 49] 50 - 74] 75 - 100] 100 - 150] 150 and Up Units	
						M.	.D				M.D.
Dispense As Written Substitution OK											
Refil	1 (1)	(2)	(3)	(4)	(5)	PRN	NR D	EA No			