TWO POINT® DOCTOR'S NAME(S) TAMPER RESISTANT RX PADS REDUCTOR BY PHONE: 1-800-8876 FAX: 615-259-3111 OR Wedical Center or Clinic EMAIL: CUSTOMERSERVICE@TWOPOINTINC.COM Your Form Number and Revision Date City, State, Zip • Phone Doctor(s) Practice TAMPER-RESISTANT: Void Panto • Heat Sensitive Red Ink • Micro Printing • True Watermark • Security Fibers • Chemical Reactors		
Address Address Tamper Resistant Prescrip New federal guidelines enacted on October 1, 20 require all doctors to write Medicaid prescription By April 1, 2008 the paper must have at least one • a feature designed to prevent unauthorized co • a feature designed to prevent the reasure or n • a feature designed to prevent the use of count On Oct. 1, 2008 the paper will be required to have TWO POINT [®] Tamper Resistant Prescription P covers all categories listed above.	tion Paper 007 (extended to April 1, 2008) as on tamper resistant paper. e of the following categories: pying nodification of information terfeit prescription forms e features in all three categories.	YES NO Quantity 1 - 24 25 - 49 50 - 74 75 - 100 100 - 150 150 and Up Units
Dispense As Written M.D. 5	ubstitution OK	M.D.
Refill (1) (2) (3) (4) (5) PRN NR	DEA No	