

Item #LW1

4-1/4" X 5-1/2"

100/pad - 10 pads/pack

\$13.00/pack

FOR _____	
ADDRESS _____	DATE _____
R _x	
DISPENSE AS WRITTEN ☐	
REFILL _____ TIMES	DR. _____
DEA NO. _____	ADDRESS _____

Item #TRANSFER-RX1

4-1/4" X 5-1/2"

100/pad - 10 pads/pack

\$13.25/pack

TRANSFER PRESCRIPTION		
NAME _____	TRANSFER DATE: _____	
ADDRESS _____	DOB: _____	
ORIGINAL RX# _____	R _x	
DATE OF ISSUE _____		
DATE FIRST FILLED _____		
DATE LAST FILLED _____		
ORIGINAL QUANTITY _____		
REMAINING QUANTITY _____		
ORIGINAL REFILLS _____		
REMAINING REFILLS _____		
PHARMACY _____		
ADDRESS _____		
PHONE NO. _____	R _x	
DEA NO. _____		
PHARMACIST OF RECORD: _____		
TRANSFERRING: _____		
RECEIVING: _____		
MAY SUBSTITUTE _____		
DISPENSE AS WRITTEN _____		
PREScriber NAME: _____		
ADDRESS: _____		
PHONE NO. _____		DEA NO. _____
Jays Company 1-800-647-5297		

Item #TRANSFER-RX2

4-1/4" X 5-1/2"

100/pad - 5 pads/pack

(MEETS INDIANA & SOUTH CAROLINA
STATE REQUIREMENTS)

\$13.25/pack

TRANSFER PRESCRIPTION		
NAME _____	TRANSFER DATE: _____	
ADDRESS _____	DOB: _____	
ORIGINAL RX# _____	R _x	
DATE OF ISSUE _____		
DATE FIRST FILLED _____		
DATE LAST FILLED _____		
ORIGINAL QUANTITY _____		
REMAINING QUANTITY _____		
ORIGINAL REFILLS _____		
REMAINING REFILLS _____		
PHARMACY _____		
ADDRESS _____		
PHONE NO. _____	R _x	
DEA NO. _____		
PHARMACIST OF RECORD: _____		
TRANSFERRING: _____		
RECEIVING: _____		
MAY SUBSTITUTE _____		
DISPENSE AS WRITTEN _____		
PREScriber NAME: _____		
ADDRESS: _____		
PHONE NO. _____		DEA NO. _____
Jays Company 1-800-647-5297		

Item #TRANSFER-RX3

4-1/4" X 5-1/2"

100/pad - 10 pads/pack

(MEETS MASSACHUSETTS STATE
REQUIREMENTS)

\$13.25/pack

TRANSFER PRESCRIPTION		
NAME _____	TRANSFER DATE: _____	
ADDRESS _____	DOB: _____	
ORIGINAL RX# _____	R _x	
DATE OF ISSUE _____		
DATE FIRST FILLED _____		
DATE LAST FILLED _____		
ORIGINAL QUANTITY _____		
REMAINING QUANTITY _____		
ORIGINAL REFILLS _____		
REMAINING REFILLS _____		
PHARMACY _____		
ADDRESS _____		
PHONE NO. _____	R _x	
DEA NO. _____		
PHARMACIST OF RECORD: _____		
TRANSFERRING: _____		
RECEIVING: _____		
Interchange is mandated unless the practitioner writes the words "no substitution" in the space above		
ADDRESS: _____		
PHONE NO. _____		DEA NO. _____
Jays Company 1-800-647-5297		

Prices are subject to change without notice