

**National Rx Security, Inc. ~ Celebrating 25 Years in Business**

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**TAMPER RESISTANT SHEETS TO USE WITH EHR/EMR  
'BLANK' 8 1/2" X 11" RX PAPER**

TAMPER RESISTANT SHEETS

TAMPER RESISTANT SHEETS

Name on Credit Card \_\_\_\_\_

Ship to:

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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Please check the amount you want to order.  
**8 1/2 X 11 TAMPER RESISTANT EMR PAPER TO BE USED WITH YOUR PRINTER**

# OF SHEETS					
<input type="checkbox"/> 1000	<input type="checkbox"/> 2000	<input type="checkbox"/> 5000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000	
\$99.00	\$188.00	\$345.00	\$549.00	\$949.00	
S/H \$20.00	S/H \$25.00	S/H \$45.00	S/H \$95.00	S/H \$185.00	
<b>Total \$119.00</b>	<b>Total \$213.00</b>	<b>Total \$390.00</b>	<b>Total \$644.00</b>	<b>Total \$1134.00</b>	

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If you are a new client, for security reasons, please fax a current copy of your  
DEA or Medical License with your EMR order form.

DISC  AMEX

VISA  M/C  Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expiry Date \_\_\_\_\_

**\*\*\*Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.**

Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

SHIPPED WITHIN 2-3 DAYS FROM RECEIPT OF ORDER & PAYMENT

REV160802

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