

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

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FLORIDA PRESCRIPTION PAD ORDER FORM

SCRIPTS INCLUDE NEW 2018 CHECKBOXES FOR NONACUTE PAIN / ACUTE PAIN EXCEPTION

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

For multiple locations/providers, please attach a second sheet with *enlarged* script sample or written out instructions.

TAMPER RESISTANT SCRIPTS

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1 DEA # _____ (only if you want preprinted on scripts)

2 LIC# _____ 3 NPI# _____
(only if you want preprinted on scripts) (only if you want preprinted on scripts)

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (____) _____ 10 Fax (____) _____
(only if you want preprinted on scripts)

****** Please CIRCLE IN INK the amount you want to order ******

SINGLE SHEET SCRIPTS

Single scripts = 100 sheets per pad

***2-PART SCRIPTS**

*2-PART = 50 Original scripts and 50 blank copy sheets

Qty	1000	2000	3000	4000	5000	10,000	1000	2000	3000	4000	5000	10,000
	62.95	68.95	90.95	102.95	120.95	205.95	99.95	155.95	181.95	209.95	255.95	431.95
7% tax*	4.41	4.83	6.37	7.21	8.47	14.42	7.00	10.92	12.74	14.70	17.92	30.24
S/H	14.95	15.95	16.95	18.95	19.95	26.95	15.95	16.95	17.95	19.95	20.95	27.95
Total	82.31	89.73	114.27	129.11	149.37	247.32	122.90	183.82	212.64	244.60	294.82	490.14

**If you are tax exempt, delete tax amount from total and supply copy of Tax exempt number*

Contact Name _____ **Phone#** _____

E-MAIL ADDRESS: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts

DISC AMEX Security Code _____

VISA M/C Number _____ 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 _____ Zip _____

Print Cardholder's Name _____

Cardholder's Signature _____ Title _____ Date _____

REV180101

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