

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

535 2nd Street, S.W. • Vero Beach, FL 32962

TOLL FREE Tel 1-800-510-1050 FAX: 800-500-3060

**SEQUENTIALLY
NUMBERED**

GEORGIA SCHEDULE II PRESCRIPTION PAD ORDER FORM

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								*2-PART SCRIPTS							
Single scripts = 100 sheets per pad								*2-PART = 50 Original scripts and 50 blank copy sheets							
Qty	800	1600	2400	3200	4000	4800	9,600	800	1600	2400	3200	4000	4800	9,600	
	77.95	103.95	137.95	170.95	209.95	232.95	412.95	106.95	123.95	170.95	238.95	304.95	356.95	648.95	
S/H	16.95	17.95	18.95	19.95	20.95	22.95	29.95	17.95	18.95	19.95	20.95	21.95	23.95	30.95	
Total	94.90	121.90	156.90	190.90	230.90	255.90	442.90	124.90	142.90	190.90	259.90	326.90	380.90	679.90	

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

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

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 _____

REV1/01/01

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