

HologramRx manufactured by National Rx Security ~ Celebrating 25 Years

535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-866-356-1050 TOLL FREE

Fax: 800-500-3060

FLORIDA PRESCRIPTION PAD ORDER FORM

THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CANNOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

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

TAMPER RESISTANT SCRIPTS

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 | 800 | 1600 | 2400 | 3200 | 4000 | 4800 | 9,600 | 800 | 1600 | 2400 | 3200 | 4000 | 4800 | 9,600 |
|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| | 139.95 | 178.95 | 225.95 | 272.95 | 314.95 | 367.95 | 625.95 | 219.95 | 299.95 | 399.95 | 489.95 | 529.95 | 599.95 | 995.00 |
| 7%tax** | 9.80 | 12.53 | 15.82 | 19.11 | 22.05 | 25.76 | 43.82 | 15.40 | 21.00 | 28.00 | 34.30 | 37.10 | 42.00 | 69.65 |
| S/H | 14.95 | 15.95 | 16.95 | 17.95 | 18.95 | 19.95 | 26.95 | 15.95 | 16.95 | 17.95 | 18.95 | 19.95 | 20.95 | 27.95 |
| Total | 164.70 | 207.43 | 258.72 | 310.01 | 355.95 | 413.66 | 696.72 | 251.30 | 337.90 | 445.90 | 543.20 | 587.00 | 662.90 | 1092.60 |

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

Contact _____ **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 _____

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