

HologramRx manufactured by **National Rx Security ~ Celebrating 25 Years**

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HAWAII PRESCRIPTION PAD ORDER FORM

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

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.

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
S/H	26.95	27.95	28.95	29.95	30.95	32.95	39.95	27.95	28.95	29.95	30.95	31.95	33.95	40.95
Total	166.90	206.90	254.90	302.90	345.90	400.90	665.90	247.90	328.90	429.90	520.90	561.90	633.90	1035.95

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 _____

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TAMPER RESISTANT SCRIPTS

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