

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

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**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	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
<b>Total</b>	<b>156.90</b>	<b>196.90</b>	<b>244.90</b>	<b>292.90</b>	<b>335.90</b>	<b>390.90</b>	<b>655.90</b>	<b>237.90</b>	<b>318.90</b>	<b>419.90</b>	<b>510.90</b>	<b>551.90</b>	<b>623.90</b>	<b>1025.95</b>

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 \_\_\_\_\_

Visit us at [nationalrxsecurity.com](http://nationalrxsecurity.com)

TAMPER RESISTANT SCRIPTS

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