



Rx Products You Know and Trust, Now From



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 Fax: 800-500-3060 • Local Fax: 772-567-4609

## ALASKA 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

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							*2-PART SCRIPTS					
	Single scripts = 100 sheets per pad							*2-PART = 50 Original scripts and 50 blank copy sheets					
Qty	400	1000	2000	3000	4000	5000	10,000	1000	2000	3000	4000	5000	10,000
	44.95	72.95	78.95	100.95	112.95	130.95	215.95	109.95	165.95	191.95	219.95	265.95	441.95
S/H	19.95	26.95	27.95	28.95	30.95	32.95	39.95	27.95	28.95	29.95	31.95	33.95	40.95
<b>Total</b>	<b>64.90</b>	<b>99.90</b>	<b>106.90</b>	<b>129.90</b>	<b>143.90</b>	<b>163.90</b>	<b>255.90</b>	<b>137.90</b>	<b>194.90</b>	<b>221.90</b>	<b>251.90</b>	<b>299.90</b>	<b>482.90</b>

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

**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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