



Rx Products You Know and Trust, Now From



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050 Fax: 800-500-3060 • Local Fax: 772-567-4609

SEQUENTIALLY NUMBERED

ARIZONA 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 # (only if you want preprinted on scripts) 3 NPI # (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 ****

Table with columns for SINGLE SHEET SCRIPTS and *2-PART SCRIPTS, listing quantities and prices for various script counts.

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