



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

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# _____ 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 ******

Qty	SINGLE SHEET SCRIPTS							*2-PART SCRIPTS					
	Single scripts = 100 sheets per pad							*2-PART = 50 Original scripts and 50 blank copy sheets					
	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	9.95	16.95	17.95	18.95	20.95	22.95	29.95	17.95	18.95	19.95	21.95	23.95	30.95
Total	54.90	89.90	96.90	119.90	133.90	153.90	245.90	127.90	184.90	211.90	241.90	289.90	472.90

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 _____