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TAMPER RESISTANT SHEETS TO USE WITH EHR/EMR 'BLANK' 8 1/2" X 11" RX PAPER

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

Name on Credit Card \_\_\_\_\_

Ship to:

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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Please check the amount you want to order.  
**8 1/2 X 11 TAMPER RESISTANT EMR PAPER TO BE USED WITH YOUR PRINTER**

# OF SHEETS					
<input type="checkbox"/> 1000	<input type="checkbox"/> 2000	<input type="checkbox"/> 5000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000	
\$109.00	\$198.00	\$355.00	\$559.00	\$959.00	
S/H \$20.00	S/H \$25.00	S/H \$45.00	S/H \$95.00	S/H \$185.00	
<b>Total \$129.00</b>	<b>Total \$223.00</b>	<b>Total \$400.00</b>	<b>Total \$654.00</b>	<b>Total \$1144.00</b>	

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If you are a new client, for security reasons, please fax a current copy of your DEA or Medical License with your EMR order form.

DISC  AMEX

VISA  M/C  Number \_\_\_\_\_ Security Code \_\_\_\_\_

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 \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

SHIPPED WITHIN 2-3 DAYS FROM RECEIPT OF ORDER & PAYMENT

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