



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

GEORGIA SCHEDULE II 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)
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

Table with 2 main columns: SINGLE SHEET SCRIPTS and *2-PART SCRIPTS. Each column has 8 sub-columns for quantities (800, 1600, 2400, 3200, 4000, 4800, 9,600) and rows for S/H and Total prices.

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 _____