



Rx Products You Know and Trust, Now From



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SEQUENTIALLY NUMBERED

ARIZONA PRESCRIPTION PAD ORDER FORM

THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CANNOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

*** (SAMPLE FORMAT) ***
1. DEA Number 2. LICENSE Number 3. NPI Number
4. NAME AND DEGREE OR CLINIC NAME
5. NAME, SPECIALTY, CLINIC OR HOSPITAL
6. STREET ADDRESS 7. SUITE
9. TELEPHONE 7. CITY, STATE, ZIP 10. FAX Number

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

1 DEA# _____ 2 LIC # _____ 3 NPI# _____
4 Name 1 _____ (only if you want it preprinted on scripts)
5 Name 2 _____
6 Address _____ 7 Suite _____
8 City _____ State _____ Zip _____
9 Tel (_____) _____ 10 Fax (_____) _____
Contact Name _____ Phone# _____

E-MAIL ADDRESS: _____
(For order confirmation and tracking information)

Please CIRCLE the amount you want to order.

Table with pricing for SINGLE SHEET SCRIPTS and *2-PART SCRIPTS. Columns include Qty (800, 1600, 2400, 3200, 4000, 4800, 9,600) and prices for various quantities.

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

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 _____ Zip _____

Cardholder's Signature _____ Title _____ Date _____

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