



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

PUERTO RICO 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 8. CITY, STATE, ZIP 10. FAX Number

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

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)

Contact Name _____ Phone# _____

E-MAIL ADDRESS: _____

Please CIRCLE 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.

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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