

**National Rx Security Inc. ~ Celebrating 25 Years in Business**

NJ LAW NOW  
REQUIRES A  
SEQUENTIALLY  
NUMBERED  
BARCODE

535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-800-510-1050

Fax: (800) 500-3060

**N. J. PRESCRIPTION PAD ORDER FORM**

*For Certified Nurse Midwife*

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

**AFFILIATED PHYSICIAN**

Name: \_\_\_\_\_ Lic #: \_\_\_\_\_

Phone #: \_\_\_\_\_

1 Name \_\_\_\_\_

2 Address \_\_\_\_\_

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

4 License # \_\_\_\_\_

5 Tel.#(\_\_\_\_\_) \_\_\_\_\_ 8 Sequentially Numbered Barcode *(Preprinted on script)*

6 \*DEA # \_\_\_\_\_ 7 NPI # \_\_\_\_\_

*\*(Prints only if requested)*

**\*\*\*\* 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

Qty	800	1600	2400	3200	4000	4800	9,600	800	1600	2400	3200	4000	4800	9,600
	96.95	132.95	175.95	218.95	267.95	296.95	525.95	136.95	155.95	215.95	299.95	387.95	453.95	822.95
Tax	6.42	8.81	11.66	14.51	17.75	19.67	34.84	9.07	10.33	14.31	19.87	25.70	30.07	54.52
S/H	16.95	17.95	18.95	19.95	20.95	22.95	29.95	17.95	18.95	19.95	20.95	21.95	23.95	30.95
<b>Total</b>	<b>120.32</b>	<b>159.71</b>	<b>206.56</b>	<b>253.41</b>	<b>306.65</b>	<b>339.57</b>	<b>590.74</b>	<b>163.97</b>	<b>185.23</b>	<b>250.21</b>	<b>340.77</b>	<b>435.60</b>	<b>507.97</b>	<b>908.42</b>

**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

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 \_\_\_\_\_

**SHIPPED WITHIN 4-5 DAYS FROM RECEIPT OF ORDER & PAYMENT**

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