

PRESCRIPTION PAD ORDER FORM

PLEASE PRINT CLEARLY

* Required Field

Prescriber Information (as it will appear on form; Order must ship to prescriber address)

Clinic or Business Name: _____

* Prescriber Name: _____

Specialty: _____

* Address: _____ * Ste: _____

* City: _____ * State: _____ * Zip: _____

* Phone #: _____

* License #: _____ DEA #: _____

IF STATE REQUIRED, INCLUDE DEA #

For CA, FL, IN, KY, ME, WV, WY -

Is authorized contact person same as above Prescriber? YES _____ If NO, include NAME _____

Form Number / Order Qty

Form Number _____

One Part Pads

4 Pads*

8 Pads

12 Pads

16 Pads

20 Pads

40 Pads

60 Pads

80 Pads

Two Part Books

8 Books*

16 Books

24 Books

32 Books

40 Books

80 Books

120 Books

160 Books

SECURE PADS/BOOKS

*4 pads / 8 books minimum order

All orders must be in multiple of 4 pads or 8 books.

PLAIN BOND PADS

8 pads minimum order. All orders must be in multiple of 4 pads.

Enter Additional Prescribers on Page 2

Total # of Prescribers _____

Total # of Addresses _____

Design

1 part Pads (100 forms per pad)

2 part Books (50 sets per book, wraparound cover, printed on part 2)

Security Features

- ✓ Void Pantograph
- ✓ Thermo-chromic Ink
- ✓ Reverse Rx
- ✓ Microprint Line
- ✓ Batch Numbers, if specified
- ✓ Watermark on Back
- ✓ Chemical Protection Paper
- ✓ Preprinted prescriber information
- ✓ Blue or green background on white paper

Tel: (800) 546-0946

Fax to: (801) 288-1135