

RX Products You Know and Trust

983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050 Fax: 800-500-3060 • Local Fax: 772-567-4609

SEQUENTIALLY NUMBERED

ARIZONA PRESCRIPTION PAD ORDER FORM

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

| 1 DEA# (only if you wa | | | | | | | | | | | preprint | ed on sc | ripts) | | |
|------------------------|---|------------|-------------|-------------|-----------|-----------|--|------------------------------|--|--|-------------|------------|----------|----------|--|
| 2 LIC# | # | | | | | | 3 | NPI# | | | | | | | |
| 2 LIC# | | | | | | | (Only if you want preprinted on scripts) | | | | | | | | |
| 5 Nan | ne 2 | | | | | | | | | | | | | | |
| | ress | | | | | | | | | 7 S | uite | | | | |
| o Add | | | | | | | | | | / 0 | uito | | | | |
| 8 City | 3 City | | | | | | | State Zip | | | | | | | |
| 9 Tel (| (|) 10 Fax (| | | | | | | | (Only if you want preprinted on scripts) | | | | | |
| | | | | | | | ot address, | | | | | | | | |
| | *** | * Plea | ase C | IRCI | _E IN | INK | the a | moun | t you | wan | t to o | rder | *** | | |
| | SINGLE SHEET SCRIPT PADS Numbered Single Scripts = 100 sheets per pad | | | | | | | | *2-PART SCRIPTS PADS Numbered *2-Part = 50 Original scripts and 50 blanks copy sheets | | | | | | |
| Qty | 8 | 16 | 24 | 32 | 40 | 48 | 96 | 8 | 16 | 24 | 32 | 40 | 48 | 96 | |
| | \$108.00 | \$144.00 | \$184.00 | \$229.00 | \$271.00 | \$318.00 | \$560.00 | \$139.00 | \$166.00 | \$219.00 | \$301.00 | \$374.00 | \$405.00 | \$834.00 | |
| Set-up | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | |
| S/H | 21.75 | 23.85 | 29.25 | 34.75 | 40.15 | 44.60 | 65.25 | 22.15 | 25.95 | 36.35 | 54.35 | 65.65 | 74.25 | 86.50 | |
| Total | \$154.75 | \$192.85 | \$238.25 | \$288.75 | \$336.15 | \$387.60 | \$650.25 | \$186.15 | \$216.95 | \$280.35 | \$380.35 | \$464.65 | \$504.25 | \$945.50 | |
| Conta | act | | | | | | | | Phone _ | | | | | | |
| Email | | | | | | | | | | | | | | | |
| | | C | ontact info | ormation is | for us to | reach you | with regard | to your ord | ler and wil | l not be pri | inted on th | e scripts. | | | |
| | | 5 | SCRIP | TS WI | LL CO | NFOF | M TO | YOUR | LEGAL | STAT | E FOR | MAT | | | |
| □ DIS | SC 🗆 | AMEX | | | | | | | | | FXP | IRY DATI | | | |
| | | | | | | | | EXPIRY DATE SECURITY CODE | | | | | | | |
| | | | | | | | ou MUST pu | | | | | | | | |
| Addre | SS | | | | | | | | | | | Zip | | | |
| | `ardhold | er's Name | e | | | | | | | | | | | | |
| Print (| Jaranola | | | | | | Cardholder's Signature | | | | | | | | |