

HologramRx manufactured by ScriptShield

535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-866-356-1050 TOLL FREE

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CALIFORNIA CONTROLLED SUBSTANCE 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

1 DEA# _____ 2 LIC # _____ 3 NPI# _____
(California law requires a copy of the prescribers state license **OR** (only if you want it preprinted on scripts)
DEA registration for each physician with every order including reorders.)

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (_____) _____ 10 Fax (_____) _____
(only if you want it preprinted on scripts)

Contact Name _____ Phone# _____

E-MAIL ADDRESS: _____

*** MULTIPLE Rx FORMAT Please choose one SINGLE Rx FORMAT ***

Please CIRCLE 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

	<u>800</u>	<u>1600</u>	<u>2400</u>	<u>3200</u>	<u>4000</u>	<u>4800</u>	<u>9,600</u>		<u>800</u>	<u>1600</u>	<u>2400</u>	<u>3200</u>	<u>4000</u>	<u>4800</u>	<u>9,600</u>
Qty	129.95	169.95	214.95	259.95	299.95	349.95	595.95		219.95	299.95	399.95	489.95	529.95	599.95	995.00
S/H	14.95	15.95	16.95	17.95	18.95	19.95	26.95		15.95	16.95	17.95	18.95	19.95	20.95	27.95
Total	144.90	185.90	231.90	277.90	318.90	369.90	622.90		235.90	316.90	417.90	508.90	549.90	620.90	1022.95

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

DISC AMEX

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.

Required: **PRINT** Cardholder's name _____

Address _____ Zip _____

Cardholder's Signature _____ Title _____ Date _____