

These scripts DO NOT contain a Hologram

CA NON-CONTROLLED

ScriptShield

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

CA NON-CONTROLLED SUBSTANCE PRESCRIPTION PAD ORDER FORM

(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

1 DEA# _____ (only if you want preprinted on scripts)

2 LIC # _____ 3 NPI# _____
(only if you want preprinted on scripts) (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.

Qty	SINGLE SHEET SCRIPTS						*2-PART SCRIPTS					
	Single scripts = 100 sheets per pad						*2-PART = 50 Original scripts and 50 blank copy sheets					
	1000	2000	3000	4000	5000	10,000	1000	2000	3000	4000	5000	10,000
	47.95	54.95	76.95	87.95	105.95	185.95	89.95	145.95	171.95	199.95	245.95	421.95
S/H	12.95	14.95	15.95	16.95	17.95	22.95	13.95	15.95	16.95	17.95	18.95	29.95
Total	60.90	69.90	92.90	104.90	123.90	208.90	103.90	161.90	188.90	217.90	264.90	451.90

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 _____

TAMPER RESISTANT SCRIPTS

These scripts DO NOT contain a Hologram