

HologramRx manufactured by ScriptShield
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ALASKA 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 | 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.

| SINGLE SHEET SCRIPTS | | | | | | | | *2-PART SCRIPTS | | | | | | | |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|---------------|---------------|---------------|---------------|---------------|----------------|--|
| Single scripts = 100 sheets per pad | | | | | | | | *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 | |
| | 139.95 | 178.95 | 225.95 | 272.95 | 314.95 | 367.95 | 625.95 | 219.95 | 299.95 | 399.95 | 489.95 | 529.95 | 599.95 | 995.00 | |
| S/H | 26.95 | 27.95 | 28.95 | 29.95 | 30.95 | 32.95 | 39.95 | 27.95 | 28.95 | 29.95 | 30.95 | 31.95 | 33.95 | 40.95 | |
| Total | 166.90 | 206.90 | 254.90 | 302.90 | 345.90 | 400.90 | 665.90 | 247.90 | 328.90 | 429.90 | 520.90 | 561.90 | 633.90 | 1035.95 | |

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

DISC AMEX

VISA M/C Number _____ Security Code _____

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 _____

Cardholder's Signature _____ Title _____ Date _____

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

REV/8801

Visit us at scriptshield.com