

ScriptShield

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

Fax: 800-500-3060

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# _____ (Information Required) Check box to print DEA# on script

2 LIC # _____ 3 NPI# _____
 (Information Required) Check box to print LIC# on script (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 _____ Phone _____

E-MAIL ADDRESS: _____

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

Qty	1000	2000	3000	4000	5000	10,000	1000	2000	3000	4000	5000	10,000
	62.95	68.95	90.95	102.95	120.95	205.95	99.95	155.95	181.95	209.95	255.95	431.95
S/H	16.95	17.95	18.95	20.95	22.95	29.95	17.95	18.95	19.95	21.95	23.95	30.95
Total	79.90	86.90	109.90	123.90	143.90	235.90	117.90	174.90	201.90	231.90	279.90	462.90

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 _____

Cardholder's Signature _____ Title _____ Date _____

CA NON-CONTROLLED TAMPER RESISTANT SCRIPTS

These scripts do NOT contain a Hologram

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Visit us at scriptshield.com