

HologramRx manufactured by **ScriptShield**

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GEORGIA SCHEDULE II 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

Single scripts = 100 sheets per pad

***2-PART SCRIPTS**

*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	16.95	17.95	18.95	19.95	20.95	22.95	29.95	17.95	18.95	19.95	20.95	21.95	23.95	30.95
Total	156.90	196.90	244.90	292.90	335.90	390.90	655.90	237.90	318.90	419.90	510.90	551.90	623.90	1025.95

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

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REV180101

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