HologramRx manufactured by **ScriptShield**
535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-866-356-1050 TOLL FREE
Fax: 800-500-3060 • Local fax: 772-563-9532

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	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	**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 __________

REV180101

TAMPER RESISTANT SCRIPTS

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