

# Prescription FAX Order Form



CALIFORNIA THE GOLDEN STATE

★ Required Field

Please Print Clearly

**Prescriber Information** (as it will appear on Pad) *Note: County will not print on pads when entered*

(optional) Clinic or Business Name: \_\_\_\_\_

★ Prescriber Name: \_\_\_\_\_

(optional) Specialty: \_\_\_\_\_

★ Address: \_\_\_\_\_ Ste. # \_\_\_\_\_

★ City: \_\_\_\_\_ ★ State: \_\_\_\_\_ ★ ZIP: \_\_\_\_\_ ★ County: \_\_\_\_\_

★ Phone # \_\_\_\_\_ ★ FAX # \_\_\_\_\_

★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_

★ Authorized Contact Person: \_\_\_\_\_ ★ Phone # \_\_\_\_\_

★ Email: \_\_\_\_\_ ★ Fax # \_\_\_\_\_

I hereby declare I am the authorized security prescription purchaser. Signed \_\_\_\_\_ Date \_\_\_\_\_

**Number of Pads (check one)**

- 4 Pads
- 8 Pads
- 12 Pads
- 24 Pads
- 40 Pads
- 60 Pads
- 80 Pads
- 120 Pads
- 160 Pads
- 200 Pads
- 240 Pads
- 280 Pads
- 320 Pads
- 360 Pads
- 400 Pads
- 440 Pads
- 480 Pads
- 520 Pads



Exact Graphics might be different, please check our site for current pad layout under "Preview Pads"

**Construction Style (check one)**

- 1 part (100 forms per set)
- 2 part (50 forms per set)  
Second ply has number and not-negotiable
- 3 part (25 forms per set)  
Second and third ply has number and not-negotiable

**Enter Additional Prescribers or Addresses on Page 2**

Total # of Prescribers \_\_\_\_\_ Total # of Addresses \_\_\_\_\_

Binding--  Padded  Wraparound Cover

*Our Guarantee to you...*

Our Pads are unique; you are guaranteed the most secure prescription forms available in any standard format today. Your pads will be manufactured in a secured environment by professionals who understand security.

**Credit Card Information:**

Please Choose Card:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cardholder Phone \_\_\_\_\_ eMail \_\_\_\_\_



**Some of your "standard" features**

- The best anti-copy background available with encrypted micro-structures known as NaNOcopy™.
- A true Hidden Message Verifier using thermochromics known as TouchSafe™.
- A Thermochromic disappearing RX symbol and mini-text overlay through the body
- Microprint Signature Line.
- Consecutive serial number with unique batch number.
- Artificial watermark on the reverse side of the sheet.

FAX to (209) 948-0155

USE THIS PAGE FOR PADS WITH MULTIPLE PRESCRIBERS

**Additional Prescriber Names: Column 1** (as it will appear on Pad) ★ Required Fields if Applicable  
*Note the 1<sup>st</sup> (Prescriber Name) position will be as indicated on order page 1*

2<sup>nd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

3<sup>rd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

**Additional Prescriber Names: Column 2** (as it will appear on Pad)

1<sup>st</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

2<sup>nd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

3<sup>rd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

**Additional Prescriber Names OR Addresses: Column 3** (as it will appear on Pad)  
*Note the 1<sup>st</sup> (Address) position will be as indicated on order page 1*  
**(only fill out one address or prescriber per position)**

2<sup>nd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

----- OR -----

2<sup>nd</sup> position ★ Address: \_\_\_\_\_  
 ★ City: \_\_\_\_\_ ★ State: \_\_\_\_\_ ★ ZIP: \_\_\_\_\_  
 ★ Phone # \_\_\_\_\_ ★ FAX # \_\_\_\_\_

3<sup>rd</sup> position ★ Prescriber: \_\_\_\_\_  
 ★ License # \_\_\_\_\_ ★ DEA # \_\_\_\_\_  
 Specialty: \_\_\_\_\_

----- OR -----

3<sup>rd</sup> position ★ Address: \_\_\_\_\_  
 ★ City: \_\_\_\_\_ ★ State: \_\_\_\_\_ ★ ZIP: \_\_\_\_\_  
 ★ Phone # \_\_\_\_\_ ★ FAX # \_\_\_\_\_