

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)
 - 3 part (25 forms per set)
- Second ply has number and not-negotiable
- 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 (559) 625-3353

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 1st (Prescriber Name) position will be as indicated on order page 1

2nd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

3rd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

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

1st position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

2nd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

3rd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

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

2nd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

----- OR -----

2nd position ★ Address: _____
 ★ City: _____ ★ State: _____ ★ ZIP: _____
 ★ Phone # _____ ★ FAX # _____

3rd position ★ Prescriber: _____
 ★ License # _____ ★ DEA # _____
 Specialty: _____

----- OR -----

3rd position ★ Address: _____
 ★ City: _____ ★ State: _____ ★ ZIP: _____
 ★ Phone # _____ ★ FAX # _____