

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)

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 4 Pads | <input type="checkbox"/> 200 Pads |
| <input type="checkbox"/> 8 Pads | <input type="checkbox"/> 240 Pads |
| <input type="checkbox"/> 12 Pads | <input type="checkbox"/> 280 Pads |
| <input type="checkbox"/> 24 Pads | <input type="checkbox"/> 320 Pads |
| <input type="checkbox"/> 40 Pads | <input type="checkbox"/> 360 Pads |
| <input type="checkbox"/> 60 Pads | <input type="checkbox"/> 400 Pads |
| <input type="checkbox"/> 80 Pads | <input type="checkbox"/> 440 Pads |
| <input type="checkbox"/> 120 Pads | <input type="checkbox"/> 480 Pads |
| <input type="checkbox"/> 160 Pads | <input type="checkbox"/> 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	Total # of
Prescribers _____	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) 822-4685

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 # _____