

National Rx Security, Inc.

535 2nd Street, S.W. • Vero Beach, FL 32962 • Tel 1-800-510-1050

Fax: 800-500-3060

FLORIDA PRESCRIPTION PAD ORDER FORM

*****(SAMPLE FORMAT)*****

- 1. DEA Number
- 2. NPI Number
- 3. LICENSE 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

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

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

***2-PART SCRIPTS**

Single scripts = 100 sheets per pad

*2-PART = 50 Original scripts and 50 blank copy sheets

Qty	1000	2000	3000	4000	5000	10,000	1000	2000	3000	4000	5000	10,000
	47.95	54.95	76.95	87.95	105.95	185.95	89.95	145.95	171.95	199.95	245.95	421.95
7% tax*	3.36	3.85	5.39	6.16	7.42	13.02	6.30	10.22	12.04	14.00	17.22	29.54
S/H	12.95	14.95	15.95	16.95	17.95	22.95	13.95	15.95	16.95	17.95	18.95	29.95
Total	64.26	73.75	98.29	111.06	131.32	221.92	110.20	172.12	200.94	231.90	282.12	481.44

**If you are tax exempt, delete tax amount from total and supply copy of Tax exempt number*

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.

Required: **PRINT** Cardholder's name _____

Address _____ Zip _____

Cardholder's Signature _____ Title _____ Date _____