

National Rx Security, Inc.

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Fax: 800-500-3060

**WYOMING APPROVED FOR SCHEDULE II-V
PRESCRIPTION PAD ORDER FORM**

*****(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

TAMPER RESISTANT SCRIPTS

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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 _____ **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

	<u>1000</u>	<u>2000</u>	<u>3000</u>	<u>4000</u>	<u>5000</u>	<u>10,000</u>	<u>1000</u>	<u>2000</u>	<u>3000</u>	<u>4000</u>	<u>5000</u>	<u>10,000</u>
Qty	47.95	54.95	76.95	87.95	105.95	185.95	89.95	145.95	171.95	199.95	245.95	421.95
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	60.90	69.90	92.90	104.90	123.90	208.90	103.90	161.90	188.90	217.90	264.90	451.90

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 _____