



OFFICE USE ONLY	



COLORADO

TOLL FREE
FAX: 1-888-881-8319

Have you ordered from us before?	Y	N
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Medicaid Approved Secured Prescription Pad Order Form (Tamper-Resistant / Tamper-Proof Prescription Pads)

To complete your order we must have the following information. Once we have received this information, by fax or mail, and it is verified, we will proceed with your order. Your credit card will not be charged until your order is verified. (PLEASE PRINT LEGIBLY)

Date of Order _____ Please check specialty Medical Dental Other _____

Name of Practice _____
(if applicable)

1st Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____
REQUIRED

2nd Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____
REQUIRED

3rd Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____
REQUIRED

★★★★★ PLEASE CALL IF YOU HAVE MORE THAN 3 PRESCRIBERS AND ARE INCLUDING THE NAME OF THE PRACTICE TO MAKE SURE THERE IS ROOM ★★★★★

4th Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____
REQUIRED

5th Prescriber & Degree _____

License # _____ DEA # _____ NPI # _____
REQUIRED

Address 1 _____ SUITE _____

City, State, Zip _____
WE CANNOT SHIP TO A P.O. BOX • SIGNATURE WILL BE REQUIRED FOR RECEIPT OF DELIVERY

Phone Number (_____) _____

Fax Number (_____) _____

Email: _____
*Optional (This is for communications only, it will not appear on any form or entered into any database whatsoever!)

★FOR ADDITIONAL PRESCRIBERS OR MULTIPLE ADDRESSES SELECT BUTTON BELOW TO DOWNLOAD SUPPLEMENTAL PAGE★

08-01-15

ORDER FORM PAGE 1 of 2



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MEDICAID PRICE LIST AND PAYMENT INFORMATION

(PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE)

1 PART PRESCRIPTION

Table with 3 columns: Quantity (5, 10, 20, 40 Pads), Price, and Shipping.

Call for larger quantities.(There are 100 Prescriptions per pad)

IF PAYING BY CHECK, PLEASE CALL FOR SHIPPING CHARGE.

2 PART PRESCRIPTION **Comes With Insert Tab To Prevent Transfer** (Part 2 is blank white, only what is written is transferred)

Table with 3 columns: Quantity (10, 20, 40, 80 Pads), Price, and Shipping.

Call for larger quantities.(There are 50 Prescriptions per pad)

IF PAYING BY CHECK, PLEASE CALL FOR SHIPPING CHARGE.

- Please check one: Style, CO(W)PN, which includes the Practice Name and up to 3 Doctors
Style, CO(W)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CO(W)(IN), Institutional Style
Style, CO(V)PN, which includes the Practice Name and up to 3 Doctors
Style, CO(V)DN, which includes up to 5 Doctors but does not include the Practice Name
Style, CO(V)(IN), Institutional Style

(W) Indicates Wide Style (V) Indicates Tall Style (IN) Indicates Institutional Style

This order form can be faxed to our secured location. It must include your credit card number or E-Check information for payment or it can be mailed along with a check for the proper amount to the address below.



Credit Card # _____ / _____ / _____ / _____ Expiration Date ____ / ____ CVV # _____
MM / YY

Credit Card Billing Address and Zip Code (Numbers Only)

Address Zip

E-Check Routing# _____ Checking Account # _____

Check # _____

CONTACT INFORMATION: Same as on Script

Person Placing Order _____ (_____) _____ (_____)
Please Print Contact Phone Ext.

Fax Proof to (_____) _____

PLEASE CHECK YOUR ORDER CAREFULLY TO MAKE SURE THAT ALL INFORMATION IS CORRECT, ALL ITEMS ARE CHECKED AND/OR FILLED IN. INCOMPLETE ORDERS WILL RESULT IN DELAYS.

08-01-15

ORDER FORM PAGE 2 of 2