



OFFICE USE ONLY	



TOLL FREE  
FAX: 1-888-881-8319

Florida Approved Secured Prescription Pad  
Order Form For Controlled Substance & Medicaid

To complete your order we must have the following information. Once we have received this information by fax or mail and it is verified by the Florida Pharmacy Website, then we will proceed with your order. NO charges to your credit card will be made until your order is verified.

Date of Order \_\_\_\_\_ PLEASE CHECK SPECIALTY      MEDICAL      DENTAL

Name of Practice \_\_\_\_\_  
(if applicable)

1st Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

1st Prescriber's Signature \_\_\_\_\_

2nd Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

2nd Prescriber's Signature \_\_\_\_\_

3rd Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

3rd Prescriber's Signature \_\_\_\_\_

\*\*\*\*\* LIMIT OF 3 PRESCRIBERS IF YOU ARE INCLUDING THE NAME OF THE PRACTICE \*\*\*\*\*

4th Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

4th Prescriber's Signature \_\_\_\_\_

5th Prescriber & Degree \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

5th Prescriber's Signature \_\_\_\_\_

Address 1 \_\_\_\_\_ Suite \_\_\_\_\_

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

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

08-01-15

# ORDER FORM PAGE 1 of 2

Have you ordered from us before?    Y    N
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### PRICE LIST AND PAYMENT INFORMATION

#### 1 PART PRESCRIPTION

(PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE)

5 Pads \$49.04 + Shipping  
10 Pads \$62.48 + Shipping  
20 Pads \$99.12 + Shipping  
40 Pads \$172.62 + 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)

10 Pads \$83.69 + Shipping  
20 Pads \$131.67 + Shipping  
40 Pads \$237.72 + Shipping  
80 Pads \$449.40 + Shipping  
Call for larger quantities.(There are 50 Prescriptions per pad)

**{ IF PAYING BY CHECK,  
PLEASE CALL FOR  
SHIPPING CHARGE. }**

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

(W) Indicates Wide Style      (V) Indicates Tall 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.

Card Type                  

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