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**GEORGIA**

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FAX: 1-888-881-8319**

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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 # \_\_\_\_\_

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

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

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

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

\*\*\*\*\* 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 # \_\_\_\_\_

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

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

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 THE BUTTON BELOW TO DOWN LOAD SUPPLEMENTAL PAGE★

08-01-15

**ORDER FORM PAGE 1 of 2**

