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SOUTH CAROLINA

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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

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