

OFFICE USE ONLY	
	FIVE STAR **
	Safety Papers™

Have you ordered from us before? Y N

## WASHINGTON FAX: 1-888-881-8319

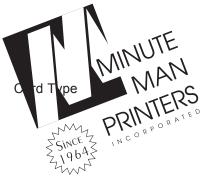
Washington State Board of Pharmacy and Medicaid Approved Secured Prescription Pad Order Form (Tamper-Resistant / Tamper-Proof Prescription Pads)

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				
	DEA #			
THE NAME	ALL IF YOU HAVE MORE THOF THE PRACTICE TO MAK	E SURE THEF	RE IS ROOM	****
License #	DEA #		_ NPI #	
5th Prescriber & Degree				
	DEA #			
Address 1				Suite
City, State, Zip WE CANNOT	SHIP TO A P.O. BOX • SIGNATUR	E WILL BE REQU	JIRED FOR REC	EIPT OF DELIVERY
Fax Number () _				
Email: *Optional (This is for com	munications only, it will not appear	on any form or ent	tered into any da	tabase whatsoever!)

08-01-15

## ORDER FORM PAGE 1 of 2





TOLL FREE FAX: 1-888-881-8319

1 PART PRESCRIPTION		MEDICAID PRICE LIST AND PAYMENT INFORMATION (PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE)			
5 Pads \$49.04 + 10 Pads \$62.48 + 20 Pads \$99.12 + 40 Pads \$172.62 +	+ Shipping + Shipping + Shipping	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 transfered)					
20 Pads \$131.67 40 Pads \$237.72 80 Pads \$449.40	+ Shipping	{ IF PAYING BY CHECK, PLEASE CALL FOR SHIPPING CHARGE.	·}		
Please check one:	Style, WA(W)PN, which includes the Style, WA(W)DN, which includes up	Practice Name and up to 3 Doctors to 5 Doctors but does not include the	s ne Practice Name		
along with a check for the Card Type	ed to our secured location. It must incorproper amount to the address below.  VISA				
Credit Card Bil	lling Address and Zip Code (Numbers	• /	7:n		
E-Check #Routing #	# 	Checking Account #	Zip		
CONTACT INFORMA	TION: Same as on Script				
Person Placing Order Fax Proof to (	Please Print	() Contact Phone	()		
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.					

## ORDER FORM PAGE 2 of 2