

Fax to 866-869-3971 Questions? Call 866-741-8488

"SHIP TO" NAME & ADDRESS	CUSTOMER CONTACT NAME:
	CUSTOMER TELEPHONE NUMBER:
	CUSTOMER E-MAIL ADDRESS:

MASTERCARD VISA AMERICAN EXPRESS	Credit Card Number Expiration Date
Address verification system for credit. <i>When paying by credit card, please put the address where this credit card statement is sent. Incorrect information will delay your order.</i>	CARDHOLDER'S NAME: <i>Required (Please print)</i>
	ADDRESS: <i>City/State/Zip</i>
CARDHOLDER'S SIGNATURE:	CARDHOLDER'S TITLE: DATE:

All purchases are subject to the terms and conditions contained on Standard Register's Web site at www.SecureScrip.com.

ORIENTATION: 	1 PLY Rx Pads <i>(100 PRESCRIPTIONS per pad)</i>					2 PLY Rx Pads <i>(50 PRESCRIPTION SETS per pad)</i>				
	COLOR SELECTION: <input type="checkbox"/> Blue (BL)	NUMBER OF PADS choose one	PRICE PER PAD SHIPPING NOT INCLUDED	NET PRICE SHIPPING NOT INCLUDED	SHIPPING (choose one) GROUND EXPEDITE Next Day Air		NUMBER OF PADS choose one	PRICE PER PAD SHIPPING NOT INCLUDED	NET PRICE SHIPPING NOT INCLUDED	SHIPPING (choose one) GROUND EXPEDITE Next Day Air
CHOOSE FORMAT: see format options <input type="checkbox"/> RXLF113 <input type="checkbox"/> RXLF413 <input type="checkbox"/> RXSP133 <input type="checkbox"/> RXSP433	8	\$3.82	\$30.56	\$8.99	\$28.07	8	\$6.49	\$51.92	\$8.99	\$28.07
	24	\$3.22	\$77.28	\$8.99	\$28.07	24	\$5.99	\$143.76	\$8.99	\$41.13
	48	\$2.88	\$138.24	\$9.70	\$50.90	48	\$5.39	\$258.72	\$14.52	\$76.20
	96	\$2.40	\$230.40	\$17.55	\$92.13	96	\$5.29	\$507.82	\$28.65	\$150.39

ORDER SUMMARY - Please complete the following order summary			
Quantity:	Price per Pad:	Shipping Cost:	Total Excluding Tax:

ABC Teaching Hospital Phone: 800-0000-0000 Fax: 800-0000-0000

Address: _____ Primary Inquirer: _____

Rx

Item	Quantity	Price	Net Price	Shipping	Total
81	8	\$3.82	\$30.56	\$8.99	\$28.07
82	24	\$3.22	\$77.28	\$8.99	\$28.07
83	48	\$2.88	\$138.24	\$9.70	\$50.90
84	96	\$2.40	\$230.40	\$17.55	\$92.13

DO NOT SUBSTITUTE WORKERS COMP

Prescription is void if the number of drugs prescribed is not noted: 1 2 3

Address #1 123456 Long Street Name, Suite 12345 • Large City Name, CA 12345 • 123-123-1234
 Address #2 123456 Long Street Name, Suite 12345 • Large City Name, CA 12345 • 123-123-1234
 Address #3 123456 Long Street Name, Suite 12345 • Large City Name, CA 12345 • 123-123-1234

ABC Teaching Hospital Phone: 800-0000-0000 Fax: 800-0000-0000

Address: _____ Primary Inquirer: _____

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RXLF113 FORMAT

RXLF413 FORMAT

RXSP133 FORMAT

RXSP433 FORMAT

FOR OFFICE USE ONLY

REP. NUMBER: 3939	"SHIP TO" NUMBER	"SOLD TO" NUMBER	1	2	1	7	1	3	9
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CUSTOMER
CONTACT NAME:

NOTE: At least one practitioner and one address are required.

**REQUIRED FIELDS: Practitioner Name, License Number, DEA Number, Address, City, State and Zip.

ScripPlus®

▼ Order & Imprint Information ▼

PRACTICE / HOSPITAL NAME
(45 characters)

PRACTITIONER INFORMATION - CHOOSE UP TO THREE (SEE NOTE ABOVE)

1	PRACTITIONER NAME			
	LICENSE NUMBER	DEA NUMBER		
	NPI			
	PRACTITIONER NAME			
2	LICENSE NUMBER	DEA NUMBER		
	NPI			
	PRACTITIONER NAME			
	LICENSE NUMBER	DEA NUMBER		
3	NPI			
	PRACTITIONER NAME			
	LICENSE NUMBER	DEA NUMBER		
	NPI			

ADDRESS INFORMATION - CHOOSE UP TO THREE (SEE NOTE ABOVE)

1	ADDRESS LINE			
	CITY	STATE	ZIP	
	PHONE NUMBER			
	ADDRESS LINE			
2	CITY	STATE	ZIP	
	PHONE NUMBER			
	ADDRESS LINE			
	CITY	STATE	ZIP	
3	PHONE NUMBER			
	ADDRESS LINE			
	CITY	STATE	ZIP	
	PHONE NUMBER			