

RxPADS.com ORDER FORM

Telephone
800.307.7717

Fax
800.893.0177

Internet
www.rxpads.com

Mail: 200 Riverside Industrial Parkway
Portland, ME 04103

RxPads.com is a licensed security prescription pad printer in all states, except New York and New Jersey.

Order Contact

RxPads.com respects you and your patients' right to privacy. Customer information is never shared or sold to third parties. If you do not wish to receive special product offers and information from RxPads.com, please check here.

Practice Name/Location

Address

City/State/Zip

Office Phone

Office Fax

Contact

E-Mail Address

Pad Imprint

Please type or print wording exactly as you wish it to appear. Use a separate sheet if necessary. Include printed samples whenever needed. We will typeset your pad according to the number of prescribers & locations.

- Use sample for imprint information only (not format)
- Use my practice B&W logo: No charge (email to info@rxpads.com)
- Match sample exactly (imprint & format) Please call for possible add'l charges.

Format Size

5 1/4 x 4 1/4
(horizontal)

4 1/4 x 5 1/4
(small format vertical)

5 1/2 x 8 1/2
(large format vertical)

Exact Reorder - Previous Order # _____

Standard Imprint Layout

Layout for illustration purposes only. Certain states require specific layouts and wording to meet Board of Pharmacy regulations. Your pad will always be adjusted to reflect your state's most current requirements.

Practice Name
Physician, Degree
Alternate Line/Specialty
License DEA
Address
City, State ZIP
Telephone Fax

CA prescribers please choose one of the following state certified formats: Single Multi Script Institutional

Prescriber

Limit of 8 prescribers per pad. Check boxes are added to prescriber names to clearly identify multiple prescribers.

Prescriber	AlternateLine/ Specialty	Degree(s)	License #	License # Display Options (Default is to print on pad)	DPS #	NPI #	DEA #	DEA # Display Options (Default is to print on pad)
				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only
				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only
				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only
				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only				<input type="checkbox"/> Do Not Print <input type="checkbox"/> Blank Line Only

There are more than 4 prescribers on this prescription pad. I have attached an additional order form listing the other prescribers.

Practice The maximum number of prescribers and locations is 9 per pad.

Practice Name	Address	City	State	ZIP	Telephone	Fax	Pad Start #

There are more than 2 locations on this prescription pad. I have attached an additional order form listing the other locations.

Shipping

Due to the sensitive nature of our products, we ship only to the address of record on either your state license, your DEA license, or to the address actually printed on your pads. All of our shipments must obtain signature proof of delivery. **Fill in this information if the shipping address is different than what is printed on your prescription pads.** Additional charges apply for AK and HI shipments. For faster shipping methods and/or questions please call 800.307.7717.

Delivery Location Residential
 Commercial/Business

Person Available To Receive Shipment

Telephone

PracticeName/Location

Address

City/State/Zip

Billing

Check Enclosed
Check orders payable in U.S. dollars only. Please make checks out to RxPads.com.

Charge To My Credit Card
Your order will be billed to your credit card when it is received. Visa, Mastercard, American Express & Discover are accepted.

Card Number

Expiration Date (MM/YY)

CID

Name As It Appears On Card (Please Print)

Billing Address

City

State

ZIP

Cardholder Signature

Retail Sub Total

\$0.01 - \$45.00
\$45.01 - \$90.00
\$90.01 - \$175.00
\$175.01 - \$250.00
\$250.01 - \$350.00
\$350.01 - \$350.01-700.00
\$700.01 +

Shipping Cost

\$6.95
\$10.95
\$15.95
\$22.95
\$35.95
\$67.95
At Cost

In-Plant Production Rush Charges*

5 Day In-Plant Additional \$25.00
3 Day In-Plant Additional \$45.00
2 Day In-Plant Additional \$65.00
1 Day In-Plant Additional \$85.00

*Does not decrease UPS Shipping time. Order deadline is 10am EST.

UPS Expedited Delivery

5 pads shipped overnight for AM delivery anywhere in continental US: Additional \$25.00, plus standard ground charge for remainder of order quantity.

Need your entire order faster than UPS Ground?
Call us at 800-307-7717!

Order Details

Quantity of Pads	Pad Style	# of Parts	Total Amount
	<input type="checkbox"/> Security <input type="checkbox"/> Standard	<input type="checkbox"/> 1-Part <input type="checkbox"/> 2-Part <input type="checkbox"/> 3-Part	
Merchandise Total			
ME residents only add 5% Sales Tax			
In-Plant Production Rush Charges			
Shipping Charges			
Expedited Delivery Charges			
Residential Delivery: Add \$2.05			
TOTAL			



RxPads Signature Confirmation Form

Florida

To: RxPads

Fax To: 800.893.0177

Email To: Info@RxPads.com

Phone: 800.307.7717

From:

RE:

Date:

Per Florida Requirements and Qualifications:

All prescription pad orders from the state of Florida must be accompanied by a signature, date and printed name of the authorized licensed medical prescriber.

Please note we cannot process your order until this is received by fax, email, or mail. Thank-you

Prescriber's Name (Printed) _____

Prescriber's Signature _____ **Date** _____