

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.

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.

- Exact Reorder
- Reorder With Changes

<b>Practice Name</b> Physician, Degree Alternate Line/Specialty License DEA Address City, State ZIP Telephone Fax
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CA prescribers please choose one of the following state certified formats:  Single  Multi Script  Institutional

## Please List Any Changes:

## 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 <input type="checkbox"/> Residential <input type="checkbox"/> 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	Shipping Cost
\$0.01 - \$45.00	\$6.95
\$45.01 - \$90.00	\$10.95
\$90.01 - \$175.00	\$15.95
\$175.01 - \$250.00	\$22.95
\$250.01 - \$350.00	\$35.95
\$350.01 - \$700.00	\$67.95
\$700.01 +	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			
<b>TOTAL</b>			



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