



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** _____