



packwrap
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NON-SECURE PRESCRIPTION ORDER FORM

of Pads: 8 12 20 40 60 80 120
 Size: Style A - 5 1/2" x 8 1/2" Style B - 4 1/4" x 5 1/2"
 Type: 1 Part 2 Part
 Artwork Style: 1: 1 Prescription Per Pad
 2: 3 Prescriptions Per Pad

Non-secure prescription pads are printed On white bond paper in black ink. There is No numbering included. They are padded 100 scripts per pad. **You can have your choice Of Artwork Style #1 or #2 on either the Pad Style A or Pad Style B.**

Medical Firm Or Clinic Name _____
 Primary Contact _____
 Street Address _____
 City _____ State _____ Zipcode _____
 Phone: _____ Fax: _____ Email: _____

Payment Information:
 Credit Card
 Check

| Practitioner's Name Or Names | CA License Number | DEA# |
|------------------------------|-------------------|------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize PackWrap Business Center to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on this invoice on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover
 Cardholder Name _____ Account Number _____
 Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE

DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Non - Secure Prescription Pad Styles

Pad Style A - 5 1/2" x 8 1/2"

This is Artwork Style #2 - 3 Prescription Per Pad

Pad Style A - 1 Part Prescription Pads

| No. Pads | Script/Pad | Total Scripts | Price Per Pad | Retail Total |
|----------|------------|---------------|---------------|--------------|
| 8 | 100 | 800 | \$10.00 | \$80.00 |
| 12 | 100 | 1200 | \$9.75 | \$117.00 |
| 20 | 100 | 2000 | \$9.50 | \$190.00 |
| 40 | 100 | 4000 | \$9.25 | \$370.00 |
| 80 | 100 | 8000 | \$9.00 | \$720.00 |
| 120 | 100 | 12000 | \$8.75 | \$1050.00 |

Pad Style A - 2 Part Prescription Pads

| No. Pads | Script/Pad | Total Scripts | Price Per Pad | Retail Total |
|----------|------------|---------------|---------------|--------------|
| 8 | 100 | 800 | \$23.00 | \$184.00 |
| 12 | 100 | 1200 | \$22.75 | \$273.00 |
| 20 | 100 | 2000 | \$22.50 | \$450.00 |
| 40 | 100 | 4000 | \$22.25 | \$890.00 |
| 80 | 100 | 8000 | \$22.00 | \$1760.00 |
| 120 | 100 | 12000 | \$21.75 | \$2610.00 |

Pad Style B - 4 1/4" x 5 1/2"

This is Artwork Style #1 - 1 Prescription Per Pad

Charlie Brown, M.D.
Family Practice
1500 McLean St
Ridgecrest, CA 93555
(760) 446-3010, Ext: 20128

DEA # X12345678
CA License # G12345

Name _____

Address _____ Date _____

Rx (Please Print)

Label

Refills _____ times PRN NR

Do not substitute _____

To Insure Brand Name Dispensing, Check and Initial Box.

Rx **OCEANSIDE WELLNESS CENTER**
Urgent Care Clinic
1500 McLean St • Ridgecrest, CA 93555
760-446-3010

| | | |
|--|--|--|
| <input type="checkbox"/> John Doe, M.D. DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Haight Ashberry, PA-C DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Coral Reef, DO DEA # X1234567 CA License # G12345 |
| <input type="checkbox"/> Mary Daniels, FNP-C DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Dennis Grey, M.D. DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Charlie Brown, PA DEA # X1234567 CA License # G12345 |
| <input type="checkbox"/> Jane Tarzan, M.D. DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Pricilla Adams, M.D. DEA # X1234567 CA License # G12345 | |
| <input type="checkbox"/> Lilly Smith, M.D. DEA # X1234567 CA License # G12345 | <input type="checkbox"/> Anwar Sadat, M.D. DEA # X1234567 CA License # G12345 | |

Patient Name _____ DOB _____ Gender: M F

Address _____ Phone _____

1

2

3

Label

Refills _____ times PRN NR

Do not substitute _____

To Insure Brand Name Dispensing, Check and Initial Box.

Pad Style B - 1 Part Prescription Pads

| No. Pads | Script/Pad | Total Scripts | Price Per Pad | Retail Total |
|----------|------------|---------------|---------------|--------------|
| 8 | 100 | 800 | \$5.00 | \$40.00 |
| 12 | 100 | 1200 | \$4.50 | \$54.00 |
| 20 | 100 | 2000 | \$4.00 | \$80.00 |
| 40 | 100 | 4000 | \$3.50 | \$140.00 |
| 80 | 100 | 8000 | \$3.00 | \$240.00 |
| 120 | 100 | 12000 | \$2.75 | \$330.00 |

Pad Style B - 2 Part Prescription Pads

| No. Pads | Script/Pad | Total Scripts | Price Per Pad | Retail Total |
|----------|------------|---------------|---------------|--------------|
| 8 | 100 | 800 | \$13.00 | \$104.00 |
| 12 | 100 | 1200 | \$12.75 | \$153.00 |
| 20 | 100 | 2000 | \$12.50 | \$250.00 |
| 40 | 100 | 4000 | \$12.25 | \$490.00 |
| 80 | 100 | 8000 | \$12.00 | \$960.00 |
| 120 | 100 | 12000 | \$11.75 | \$1410.00 |