



ORDER FORM

of Pads: 8 12 20 40 60 80 120
Size: Long 5 1/2" x 8 1/2" Short 4 1/4" x 5 1/2"
of Prescriptions Per Sheet: 1 3

Medical Firm Or Clinic Name _____ Payment Information:
Primary Contact _____ Credit Card
Street Address _____ Check
City _____ State _____ Zipcode _____
Phone: _____ Fax: _____ Email: _____

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

Please Note:
*** LEGIBLE COPIES OF ALL PRACTITIONER'S CALIFORNIA STATE LICENSE & DEA CERTIFICATES ARE REQUIRED BY LAW (NO EXCEPTIONS). THE COPIES MUST HAVE A CURRENT DATE. IF NOT PROVIDED, A \$10 PER DOCTOR SURCHARGE WILL BE ADDED TO YOUR INVOICE. WE ACCEPT CREDIT CARD FOR PAYMENT.**

Credit Card Payment Authorization Form

Sign and complete this form to authorize PackWrap Business Center to charge 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.


Prescription Form Styles

Style A

Style A - 1 Part Prescription Pads

5 1/2" x 8 1/2"

No. Pads	Script/ Pad	Total Scripts	Price Per Pad	Retail Total
8	50	400	\$21.00	\$168.00
12	50	600	\$20.75	\$261.00
20	50	1000	\$20.50	\$410.00
40	50	2000	\$19.50	\$780.00
80	50	4000	\$18.50	\$1480.00
120	50	6000	\$17.50	\$2100.00

OCEANSIDE WELLNESS CENTER
Urgent Care Clinic Lot # **A00513** 

SEQ # 01001 1500 McLean St • Ridgcrest, CA 93555
760-446-3010

John Doe, M.D.
DEA # X1234567
CA License # G12345

Mary Daniels, FNP-C
DEA # X1234567
CA License # G12345

Jane Tarzan, M.D.
DEA # X1234567
CA License # G12345

Lilly Smith, M.D.
DEA # X1234567
CA License # G12345

Haight Ashberry, PA-C
DEA # X1234567
CA License # G12345

Dennis Grey, M.D.
DEA # X1234567
CA License # G12345

Pricilla Adams, M.D.
DEA # X1234567
CA License # G12345

Anwar Sadat, M.D.
DEA # X1234567
CA License # G12345

Coral Reef, DO
DEA # X1234567
CA License # G12345

Charlie Brown, PA
DEA # X1234567
CA License # G12345

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH, WATERMARKED BACK PRINT - CALIFORNIA SECURITY PRESCRIPTION, PRINTED ON SAFETY PAPER WITH HIDDEN FIBERS AND ERASURE PROTECTION, CHEMICAL VOID PROTECTION TO PREVENT ALTERATION BY CHEMICAL WASHING, THERMOCHROMIC INK FEATURE, OPAQUE WRITING - RX, MICRO PRINTED SIGL LINE.


Patient Name _____ DOB _____ Gender: M F

Address _____ Phone _____

1	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute
2	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute
3	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute

Prescription is void if the number of drugs prescribed is not noted: _____


Signature _____ Date _____



SERIAL # P R A 0 6 3 A 0 2 6 0 1

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Style B

Seq. No. 1001 **Charlie Brown, M.D.** Lot # **A00513** 

Family Practice
1500 McLean St
Ridgecrest, CA 93555
(760) 446-3010, Ext: 20128

DEA # X12345678
CA License # G12345

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH, WATERMARKED BACK PRINT - CALIFORNIA SECURITY PRESCRIPTION, PRINTED ON SAFETY PAPER WITH HIDDEN FIBERS AND ERASURE PROTECTION, CHEMICAL VOID PROTECTION TO PREVENT ALTERATION BY CHEMICAL WASHING, THERMOCHROMIC INK FEATURE, OPAQUE WRITING - RX, MICRO PRINTED SIGL LINE.

Name _____ DOB _____ Gender: M F


Address _____ Phone No. _____

1)	Quantity <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and Over _____ Units <input type="checkbox"/> Do not substitute. Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2)	Quantity <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and Over _____ Units <input type="checkbox"/> Do not substitute. Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3)	Quantity <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and Over _____ Units <input type="checkbox"/> Do not substitute. Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

R094 70813-01 0103200

_____ Date _____

Prescription is void if the number of drugs prescribed is not noted: _____



SERIAL # P R A 0 6 3 A 0 2 6 0 1

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Style B - 1 Part Prescription Pads

4 1/4" x 5 1/2"

No. Pads	Script/ Pad	Total Scripts	Price Per Pad	Retail Total
8	50	400	\$16.50	\$132.00
12	50	600	\$16.25	\$195.00
20	50	1000	\$15.50	\$290.00
40	50	2000	\$14.50	\$580.00
80	50	4000	\$14.00	\$1120.00
120	50	6000	\$13.50	\$1620.00