



Florida Security Prescription Pad Order Form & Prices

Eagle Creek Printing, Inc. • Stuart, Florida Phone: 772-223-5373 • Fax: 772-223-8993

Date of Order: _____ Site Contact Person: _____

Site Contact E-Mail: _____ Site Contact Ph #: (_____) _____

PLEASE FILL OUT ALL INFORMATION THAT YOU WANT PRINTED ON THE SCRIPT

Name of Practitioner/Medical Office: _____

Title of Practitioner: _____

Address: _____

Suite: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

License #: _____ ONLY IF PRINTED ON SCRIPT
 DEA#: _____ ONLY IF PRINTED ON SCRIPT
 NPI#: _____ ONLY IF PRINTED ON SCRIPT

Misc. Information: _____

For Security Reasons Authorized Doctor's Name: _____

Degree: _____ License No.: _____

PLEASE CHECK YOUR CHOICE OF DESIGN Single Entry Rx Multiple Entry Rx

PLEASE CHECK THE AMOUNT YOU WANT TO ORDER

1-PART SECURITY PADS					
<input checked="" type="checkbox"/>	PADS	NET PRICE	6.0% TAX	SHIPPING	TOTALS
<input type="checkbox"/>	4	50.00	3.00	14.00	67.00
<input type="checkbox"/>	12	55.00	3.30	15.00	73.30
<input type="checkbox"/>	20	60.00	3.60	16.00	79.60
<input type="checkbox"/>	32	82.00	4.92	17.00	103.92
<input type="checkbox"/>	48	109.00	6.54	18.00	133.54
<input type="checkbox"/>	64	137.00	8.22	20.00	165.22
<input type="checkbox"/>	80	161.00	9.66	23.00	193.66
<input type="checkbox"/>	100	190.00	11.40	26.00	227.40

2-PART (CARBONLESS) SECURITY PADS					
<input checked="" type="checkbox"/>	PADS	NET PRICE	6.0% TAX	SHIPPING	TOTALS
<input type="checkbox"/>	8	75.00	4.50	14.00	93.50
<input type="checkbox"/>	16	100.00	6.00	15.00	121.00
<input type="checkbox"/>	32	141.00	8.46	17.00	166.46
<input type="checkbox"/>	48	179.00	10.74	18.00	207.74
<input type="checkbox"/>	64	211.00	12.66	20.00	243.66
<input type="checkbox"/>	80	249.00	14.94	23.00	286.94
<input type="checkbox"/>	100	298.00	17.88	26.00	341.88

1-PART PAD = 100 SHEETS PER PAD

2-PART PAD = 50 SETS PER PAD

VISA Master Card Discover American Express

Name on Card: _____ Security Code: _____

Card Number: _____ Expiration Date: _____

FOR CREDIT VALIDATION, ADDRESS **MUST MATCH
 WHERE THE CREDIT CARD STATEMENT IS SENT.**

Address: _____

Card Holder's Signature: _____ Title: _____