



## Florida EMR/Prescription Security Paper (with FL Required batch code imprint) 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 #: (\_\_\_\_\_) \_\_\_\_\_

Name of Practitioner/Medical Office/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

### FOR SECURITY REASONS

Authorized Doctor's Name: \_\_\_\_\_

Degree: \_\_\_\_\_ License No.: \_\_\_\_\_

#### PLEASE CHECK THE AMOUNT YOU WANT TO ORDER

#### Florida EMR/Prescription Security Paper 8.5" x 11" with Florida Required batch code imprint

<input checked="" type="checkbox"/>	8.5" X 11 SHEETS	NET PRICE	6.0% FLA. SALES TAX	SHIPPING	TOTAL
<input type="checkbox"/>	250	50.00	3.00	13.00	66.00
<input type="checkbox"/>	500	65.00	3.90	15.00	83.90
<input type="checkbox"/>	1,000	80.00	4.80	17.00	101.80
<input type="checkbox"/>	2,000	145.00	8.70	20.00	173.70
<input type="checkbox"/>	2,500	175.00	10.50	25.00	210.50
<input type="checkbox"/>	5,000	330.00	19.80	35.00	384.80

#### PLEASE CIRCLE HOW MANY PRESCRIPTIONS YOU PRINT ON A 8.5" x 11" SHEET: 1 2 3 4

VISA   
  Master Card   
  Discover   
  American Express

Name on Card: \_\_\_\_\_ 3 Digit 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: \_\_\_\_\_