

## **Rx Products** You Know and Trust

983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050 Fax: 800-500-3060 • Local Fax: 772-567-4609

## HAWAII PRESCRIPTION PAD ORDER FORM

1 DEA#	DEA#							(only if you want preprinted on scripts)							
2 LIC#	LIC#(Only if you want preprinted on scripts)						3 NPI#(Only if you want preprinted on scripts)								
	Name 1														
5 Name	2														
5 Name 26 Address															
U Auul 655							/ Suite								
8 City <sub>-</sub>									_ State			Zip	)		
9 Tel (_		)						10 Fax	(	)					
	10 Fax (														
		*** Please CIRCLE IN INK the amount you want to order ***													
	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS  *2-Part = 50 Original scripts and 50 blanks copy shee							
Qty	4	10	-			50	100	4			30	40	50	100	
	\$45.00	\$73.00	\$79.00	\$102.00	\$114.00	\$131.00	\$216.00	\$77.00	\$112.00	\$168.00	\$194.00	\$222.00	\$268.00	\$444.00	
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	
S/H	21.95	29.95	32.95	38.75	45.25	76.75	86.95	27.55	32.95	38.25	43.90	54.95	88.95	103.85	
Total	\$91.95	\$127.95	\$136.95	\$165.75	\$232.75	\$232.75	\$327.95	\$129.55	\$169.95	\$231.25	\$262.90	\$301.95	\$381.95	\$572.85	
Contact								Phone							
Email A	ddress:	·													
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		S	CRIP	IS WI	LL CC	NFOF	RM TO	YOUF	RLEG	AL STA	ATE FO	PRMAT			
DISC AMEX VISA M/C NUMBER													EXPIRY DATE		
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Address												Zip			
Print Ca	rdholder	's Name													
Cardholder's Signature											Title			Date	