

## 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

## FLORIDA EMR SHEETS TAMPER RESISTANT "BLANK" 8½" X 11" RX PAPER

| X Name on Credit Card                                         |        |       | <b>I</b> AI |
|---------------------------------------------------------------|--------|-------|-------------|
| Name on Credit Card<br>Ship to:<br>Address<br>City<br>Tel ()_ |        |       | nren        |
| Address                                                       |        | Suite |             |
| City                                                          | State  | Zip   |             |
| Tel ()                                                        | Fax () |       |             |
| Zentact                                                       |        |       |             |
| Email Address                                                 |        |       |             |

## \*\*\* Please CHECK the amount you want to order \*\*\*

| # of Sheets     | □ 1,000                                               | □ 2,000                         | □ 5,000                 | □ 10,000                                  | □ 20,000                                                        |
|-----------------|-------------------------------------------------------|---------------------------------|-------------------------|-------------------------------------------|-----------------------------------------------------------------|
|                 | \$145.00                                              | \$249.00                        | \$468.00                | \$759.00                                  | \$1319.00                                                       |
| Sales Tax       | 10.15                                                 | 17.43                           | 32.76                   | 53.13                                     | 92.33                                                           |
| S/H             | 19.95                                                 | 22.25                           | 59.55                   | 117.85                                    | 228.50                                                          |
| Total           | \$175.10                                              | \$ 288.68                       | \$560.31                | \$929.98                                  | \$1639.83                                                       |
| lf you are a ne | w client, for security re                             | easons, please fax a cui        | rrent copy of your I    | DEA or Medical License                    | e with your EMR order form                                      |
| If you are a ne | MEX                                                   |                                 |                         | EX                                        | e with your EMR order form<br>                                  |
| ] DISC          | Mex<br>/C Number_                                     |                                 |                         | EX<br>SE                                  | PIRY DATE                                                       |
| ] DISC          | MEX<br>/C NUMBER _<br>In system for credit. If you ar |                                 | IUST put the address wi | EX<br>SE<br>here the credit card statemen | CPIRY DATE   CURITY CODE   It is sent when you receive your bin |
| DISC AI         | MEX<br>/C NUMBER _<br>n system for credit. If you ar  | re paying by credit card, you N | IUST put the address wi | EX<br>SE<br>here the credit card statemen | CPIRY DATE   CURITY CODE   It is sent when you receive your bin |