

PRESCRIPTION PAD ORDER FORM

Customer Name	<input type="text"/>		
Address	<input type="text"/>	Phone Number	<input type="text"/>
		Fax Number	<input type="text"/>

Prescriber Information (as it will appear on form)

* Required Field

Clinic or Business Name	<input type="text"/>		
*Prescriber Name	<input type="text"/>		
Specialty	<input type="text"/>		
*Address	<input type="text"/>	*Ste	<input type="text"/>
*City	<input type="text"/>	*State	<input type="text"/>
		*Zip	<input type="text"/>
*Phone #	<input type="text"/>		
*License #	<input type="text"/>	DEA #	<input type="text"/>
NPI #	<input type="text"/>		IF STATE REQUIRED, INCLUDE DEA #

For CA, FL, IN, KY, ME, WV, WY -

Is authorized contact person same as above Prescriber?

Yes

If No, Include Name

Form Number / Order Quantity

Form Number

Proof?

YES

NO

One Part Pads	CA One Pt Pads	Two Part Books
<input type="checkbox"/> 4 Pads	<input type="checkbox"/> 4 Pads	<input type="checkbox"/> 8 Books *
<input type="checkbox"/> 8 Pads	<input type="checkbox"/> 8 Pads	<input type="checkbox"/> 16 Books
<input type="checkbox"/> 12 Pads		<input type="checkbox"/> 24 Books
<input type="checkbox"/> 16 Pads	<input type="checkbox"/> 16 Pads	<input type="checkbox"/> 32 Books
<input type="checkbox"/> 20 Pads	<input type="checkbox"/> 24 Pads	<input type="checkbox"/> 40 Books
<input type="checkbox"/> 40 Pads	<input type="checkbox"/> 40 Pads	<input type="checkbox"/> 80 Books
<input type="checkbox"/> 60 Pads	<input type="checkbox"/> 56 Pads	<input type="checkbox"/> 120 Books
<input type="checkbox"/> 80 Pads	<input type="checkbox"/> 80 Pads	<input type="checkbox"/> 160 Books

SECURE PADS/BOOKS

*4 pads/ 8 books minimum order

All orders must be in multiple of 4 pads or 4 books

(exception: CA/consec no - multiple of 8 pads, 4 pads allowed)

PLAIN BOND PADS

8 pads minimum order. All orders must be in multiple of 4 pads.

Enter Additional Prescribers on Page 2

Total # of Prescribers

Total # of Addresses

Design

1 part Pads (100 forms per pad)

2 part Books (50 sets per book, wraparound cover, printed on part 2)

Security Features

-Void Pantograph

- Reverse Rx

-Batch Numbers, if specified

-Preprinted prescriber information

-Blue or Green background

on white paper

- Thermochromic Ink

- Microprint Line

- Watermark on Back

- Chemical Protection Paper

TEL: **800-289-4489**

FAX: **503-246-1863**

EMAIL: **expresschecks@gmail.com**

ExpressInsuranceForms.com

ADDITIONAL PRESCRIBERS

Additional Prescribers (as it will appear on form)

* Required Field

Clinic or Business Name

*Prescriber Name

Specialty

*Address

*Ste

*City

*State

*Zip

*Phone #

*License #

DEA #

NPI #

IF STATE REQUIRED, INCLUDE DEA #

Clinic or Business Name

*Prescriber Name

Specialty

*Address

*Ste

*City

*State

*Zip

*Phone #

*License #

DEA #

NPI #

IF STATE REQUIRED, INCLUDE DEA #

Clinic or Business Name

*Prescriber Name

Specialty

*Address

*Ste

*City

*State

*Zip

*Phone #

*License #

DEA #

NPI #

IF STATE REQUIRED, INCLUDE DEA #

TEL: 800-289-4480
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EMAIL: 503-246-1863