

## West Virginia Tamper Resistant Prescription Pads Grant Program Order Form

This order is being supplied to you at no charge by the  
West Virginia State Medical Association.

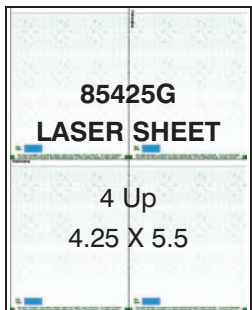
*Fax Completed form to 866-869-3971  
Questions? Call 866-741-8488*

**PAGE ONE**

<b>“SHIP TO” NAME &amp; ADDRESS</b>		CUSTOMER CONTACT NAME:
		CUSTOMER TELEPHONE NUMBER:
		CUSTOMER E-MAIL ADDRESS:

<b>ORIENTATION:</b> <input type="checkbox"/> Landscape <input type="checkbox"/> Portrait  	<b>CONSECUTIVE NUMBERS:</b> <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH  <b>Start Number:</b> <input style="width: 80%; border: none; border-bottom: 1px solid black;" type="text"/>
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<input type="checkbox"/> <b>1 PLY Rx pads</b> <b>(100 PRESCRIPTIONS per pad)</b>		
<b>NUMBER OF PADS (choose one)</b>		
<input type="checkbox"/> 8	<input type="checkbox"/> 24	<input type="checkbox"/> 48



<b>LASER SHEETS</b> (Each carton of laser sheet product contains 2500 sheets and is polywrapped in 500's. Partial cartons cannot be ordered. For addition of imprinting, logo, back printing or odd-sized forms, please contact us at 1-866-741-8488.)	
<input type="checkbox"/> 85425G (Green) 1 - Carton (2500 sheets)	<input type="checkbox"/> 85425G (Green) 2 - Cartons (5000 sheets)

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FOR OFFICE USE ONLY															
<b>REP. NUMBER:</b> 5276	<b>“SHIP TO” NUMBER</b>														
									1	2	2	9	9	9	3

# West Virginia Tamper Resistant Prescription Pads Grant Program Order Form

**NOTE: you can print up to four (4) complete addresses and five (5) practitioners on a pad, or a lesser number of addresses and up to eight (8) practitioners on a pad for a total of nine (9) complete lines. The practice name is not included in this total.**

**\*\*REQUIRED FIELDS: Practitioner Name, License Number, City, State and Zip.**

**ScripPlus**<sup>®</sup>

## ▼ *Order & Imprint Information* ▼

**PRACTICE NAME** \_\_\_\_\_  
(40 characters)

**PRACTITIONER INFORMATION - CHOOSE UP TO EIGHT (SEE NOTE ABOVE)**

<b>1</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>2</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>3</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>4</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>5</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>6</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>7</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>
<b>8</b>	PRACTITIONER NAME _____ LICENSE NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	NPI NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>	DEA NUMBER _____ <input type="checkbox"/> here to print: <input type="checkbox"/>

**ADDRESS INFORMATION - CHOOSE UP TO FOUR (SEE NOTE ABOVE)**

<b>1</b>	ADDRESS LINE 1 _____ ADDRESS LINE 2 _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ FAX NUMBER _____
<b>2</b>	ADDRESS LINE 1 _____ ADDRESS LINE 2 _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ FAX NUMBER _____
<b>3</b>	ADDRESS LINE 1 _____ ADDRESS LINE 2 _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ FAX NUMBER _____
<b>4</b>	ADDRESS LINE 1 _____ ADDRESS LINE 2 _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ FAX NUMBER _____