

SECURESCRIPT Tamper Resistant Security and Prescription Paper Order

PRESCRIBER INFORMATION - Use page 2 for additional prescribers

Clinic or Business Name _____

Prescriber Name _____

Specialty _____

Address 1 _____

Address 2 _____

City _____ St _____ Zip _____

Phone Number _____ License # _____ DEA# _____

Total Number of Prescribers _____ Total # of Addresses _____

Format – Please Attach sample with your order.

Security Level (Check One): Standard Security - 7 Security Features

Superior Security - 10 Security Features

Product (Check One):

Pads 4 ¼"x5 ½" Vertical

5 ½" x 4 ¼" Horizontal

Sheets 8 ½" x 11"

11" x 17" _____

ADDITIONAL PRESCRIBERS

Clinic or Business Name _____

Prescriber Name _____

Specialty _____

Address 1 _____

Address 2 _____

City _____ St _____ Zip _____

Phone Number _____ License # _____ DEA# _____

Clinic or Business Name _____

Prescriber Name _____

Specialty _____

Address 1 _____

Address 2 _____

City _____ St _____ Zip _____

Phone Number _____ License # _____ DEA# _____

Clinic or Business Name _____

Prescriber Name _____

Specialty _____

Address 1 _____

Address 2 _____

City _____ St _____ Zip _____

Phone Number _____ License # _____ DEA# _____

Clinic or Business Name _____

Prescriber Name _____

Specialty _____

Address 1 _____

Address 2 _____

City _____ St _____ Zip _____

Phone Number _____ License # _____ DEA# _____