

Date

Page \_\_\_\_ of \_\_\_\_



RX Pad  
ORDER FORM

**Forms Hotline, Inc. is a licensed security prescription pad printer in all states, except New York and New Jersey. We will match your state format based on the information you provide on this order form.**

Forms Hotline, Inc. respects you and your patients' right to privacy. Customer information is never shared or sold to third parties.

**Order Contact**

|                            |            |                |
|----------------------------|------------|----------------|
| Prescriber's Name/Location | Address    | City/State/Zip |
| Office Phone               | Office Fax | Contact        |
|                            |            | E-Mail Address |

**Pad Imprint**

Please type or print wording exactly as you wish it to appear. Use a separate sheet if necessary. Include printed samples whenever needed. We will typeset your pad according to the number of prescribers & locations.

- Use sample for imprint information only (not format)
- Use my practice B&W logo: No charge (email to orders@formshotline.com)
- Match sample exactly (imprint & format)

**Standard Imprint Layout**

Layout for illustration purposes only. Certain states require specific layouts and wording to meet Board of Pharmacy regulations. Your pad will always be adjusted to reflect your state's most current requirements.

|   |
|---|
| <b>Practice Name</b><br>Physician, Degree<br>Alternate Line/Specialty<br>License * DEA<br>Address<br>City, State ZIP<br>Telephone * Fax |
|---|

PDF Proof Required?  YES  NO CA prescribers please choose one of the following state certified formats:  Single  Multi Script  Institutional

**Prescriber**

| Prescriber | Alternate Line/Specialty | Degree(s) | NPI # | License # | License # Display Options (Default is to print on pad)                            | DEA # | DEA # Display Options (Default is to print on pad)                                |
|------------|--------------------------|-----------|-------|-----------|---|-------|---|
|            |                          |           |       |           | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |       | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |
|            |                          |           |       |           | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |       | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |
|            |                          |           |       |           | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |       | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |
|            |                          |           |       |           | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |       | <input type="checkbox"/> Do Not Print<br><input type="checkbox"/> Blank Line Only |

There are more than 4 prescribers on this prescription pad. I have attached an additional order form listing the other prescribers.

**Practice** Minimum of 1 location per pad.

| Practice Name | Address | City | State | ZIP | Telephone | Fax | Pad Starting # |
|---------------|---------|------|-------|-----|-----------|-----|----------------|
|               |         |      |       |     |           |     |                |
|               |         |      |       |     |           |     |                |

There are more than 2 locations on this prescription pad. I have attached an additional order form listing the other locations.

**Quantity**

| Quantity of Pads | Pad Style   | 1 Part (Padded in 100's) | 2 Part (Padded in 50's) | 3 Part (Padded in 33's) |
|------------------|---|--------------------------|-------------------------|-------------------------|
|                  | <input type="radio"/> Security <input type="radio"/> Non-Secure White | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |

**Shipping**

Due to the sensitive nature of our products, we ship only to the address of record on either your state license, your DEA license, or to the address actually printed on your pads.

PracticeName/Location Address City/State/Zip

Physician's Name

Physician's Signature - Pad Authorization (Mandatory for Florida Only)

**NOTES**