

RX PAD ORDER FORM

Distributor Information

Formulations

33 Fieldstone Lane
Horsham, PA 19044

215-783-7455 • Fax 215-672-2622

E-mail: dmorris@formulationsonline.com

Dealer Name _____

Office Phone No. _____

Order Details

Quantity of Pads	Pad Style	# of Parts	Delivery Options <small>(1,2,3 day will result in rush charges)</small>	Order Type	P.O. #	
	<input type="checkbox"/> Security <input type="checkbox"/> Standard	<input type="checkbox"/> 1-Part <input type="checkbox"/> 2-Part	<input type="checkbox"/> Std. 5 Day <input type="checkbox"/> 1 Day RUSH	<input type="checkbox"/> 2-Day RUSH <input type="checkbox"/> 3-Day RUSH	<input type="checkbox"/> New <input type="checkbox"/> Exact Repeat <input type="checkbox"/> Repeat w/change Previous Order # _____ Previous P.O. # _____	

Special Instructions _____

Imprint Information

Please type or print wording exactly as you wish it to appear. Use a separate sheet if necessary. Include printed samples whenever needed.

- Samples are included with order
 Match sample exactly (imprint & format)
 Use sample for imprint information only (not format)

Standard Pad 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.

Telephone # _____	Practice Name _____	Fax # _____
	Physician Name, Degree	
	Alternate Line _____	
	Address _____	
License # _____	City, State Zip Code _____	DEA #: _____

**Please type or print
your information clearly.**

Due to state regulations, we must obtain & verify DEA & Lic. #'s

Practice Name: _____	<input type="checkbox"/> Do Not Print On Pad
Alternate Line: _____	
Address: _____	
City: _____	
State: _____	
Zip Code: _____	
Telephone #: _____	
Fax #: _____	<input type="checkbox"/> Do Not Print On Pad
Pad Starting #: _____	

Prescriber Information Limit of 6 prescribers per pad set. Check boxes will be added to clearly identify prescriber.

Prescriber	Degree	License #	DEA #

- Do Not Print License # On Pad Print Blank Line For License # On Pad
 Do Not Print DEA # On Pad Print Blank Line For DEA # On Pad

Shipping Info

Due to the sensitive nature of our products, we ship only to the address of record on either Dr.'s state license, their DEA license, or to the address actually printed on the pads. Please call customer service if you need to have a product shipped to an alternate address. All of our shipments must obtain signature proof of delivery and can be tracked via our web site.

Fill in only if different from the address to be printed on RX Pad. Street address only, no P.O. Boxes, please.

PracticeName/Location _____

Address & Suite # _____

City/State/Zip _____

Person Available To Receive Shipment _____

- Ground UPS
 2nd Day UPS
 Next Day Air UPS
 5-Pad Partial/Emergency 1 Day w/Remainder Ground

Rush Production Options

In-plant rush charges allow your order to be manually expedited through our automated production facility faster than normal. These charges do not decrease the amount of time required for UPS to deliver your package.

In-Plant Production Rush Charges

- 3 Day In-Plant Additional \$25.00
 2 Day In-Plant Additional \$50.00
 1 Day In-Plant Additional \$70.00

Emergency Shipping Special*

- 5 pads UPS Next Day Air \$22.00
 *Remainder of shipment UPS ground.
 Shipping special is in addition to in-plant rush charges.



Our Guarantee To You

We guarantee the best price in the nation on all of our prescription products!

We guarantee every pad made to conform with your client's local board of pharmacy