

**GEORGIA C-II SECURITY PRESCRIPTION FORMS - Fax to 1.866.667.9723**

**ORDER FORM**

MAG MEMBER ID:

\* ACCOUNT NUMBER:

NEW ORDER

REORDER (no changes)

REORDER (with changes)

Enter your info as you would like to see it: (Please print clearly)

(Please indicate your order type)

\* [ DEA # would go here ]

\* [ Lic. # would go here ]

\* [ Tel # would go here ]

\* [ Fax # would go here ]

\* Not enough room? Additional requests can be added on a separate page with your fax

**PLEASE PROVIDE:**

PRINT \* [ Select checkbox to print ]

FAX # \_\_\_\_\_

DEA/PRACT.# \_\_\_\_\_

NPI # \_\_\_\_\_

LICENSE # \_\_\_\_\_

TEL # \_\_\_\_\_

**ORDER:**



ADD CONSECUTIVE NUMBERING

\* REQUIRED \*



OFFICIAL SEAL

1 PART SECURE PADS							
# of Pads	Shipping (incl.)	ORDER	NON MAG Pricing		ORDER	MAG Pricing	
			Net Price	Total		Net Price	Total
20	\$ 13.93	<input type="checkbox"/>	\$ 76.95	\$ 90.88	<input type="checkbox"/>	\$ 67.95	\$ 81.88
40	\$ 17.93	<input type="checkbox"/>	\$ 145.95	\$ 163.88	<input type="checkbox"/>	\$ 129.95	\$ 147.88
2-Part (duplicate) SECURE PADS							
24	\$ 13.93	<input type="checkbox"/>	\$ 129.32	\$ 143.25	<input type="checkbox"/>	\$ 113.32	\$ 127.25
48	\$ 17.93	<input type="checkbox"/>	\$ 249.12	\$ 267.05	<input type="checkbox"/>	\$ 218.12	\$ 236.05

1 Part = 100 scripts per Pad

2 Part = 50 scripts per Pad

\* VOLUME DISCOUNTS AVAILABLE. CALL US AT 1-800-667-9723 TO GET YOUR DISCOUNTED PRICING ON HIGHER VOLUME ORDERS \*

PLEASE NOTE - THERE IS AN ADDITIONAL FEE OF \$10 FOR LANDSCAPE STYLE PRESCRIPTION PADS

**8 1/2" X 11" EMR & PRESCRIPTION PAPER**

BLANK (OR)  PRE-PRINTED

# Of Sheets	Shipping	NON MAG Pricing						MAG Pricing									
		ORDER	1-UP (8 1/2" X 11")		ORDER	2-UP (5 1/2" X 8 1/2")		ORDER	1-UP (8 1/2" X 11")		ORDER	2-UP (5 1/2" X 8 1/2")		ORDER	4-UP (4 1/4" X 5 1/2")		
			Total (ship incl.)		Total (ship incl.)		Total (ship incl.)		Total (ship incl.)		Total (ship incl.)		Total (ship incl.)		Total (ship incl.)		Total (ship incl.)
1,000	\$ 14.95	<input type="checkbox"/>	\$ 99.95	<input type="checkbox"/>	\$ 119.95	<input type="checkbox"/>	\$ 124.95	<input type="checkbox"/>	\$ 88.95	<input type="checkbox"/>	\$ 104.95	<input type="checkbox"/>	\$ 108.95	<input type="checkbox"/>	\$ 108.95	<input type="checkbox"/>	\$ 108.95
2,000	\$ 19.95	<input type="checkbox"/>	\$ 178.95	<input type="checkbox"/>	\$ 209.95	<input type="checkbox"/>	\$ 219.95	<input type="checkbox"/>	\$ 157.95	<input type="checkbox"/>	\$ 181.95	<input type="checkbox"/>	\$ 189.95	<input type="checkbox"/>	\$ 189.95	<input type="checkbox"/>	\$ 189.95
5,000	\$ 29.95	<input type="checkbox"/>	\$ 390.95	<input type="checkbox"/>	\$ 476.95	<input type="checkbox"/>	\$ 489.95	<input type="checkbox"/>	\$ 343.95	<input type="checkbox"/>	\$ 409.95	<input type="checkbox"/>	\$ 420.95	<input type="checkbox"/>	\$ 420.95	<input type="checkbox"/>	\$ 420.95
10,000	\$ 44.95	<input type="checkbox"/>	\$ 732.95	<input type="checkbox"/>	\$ 877.95	<input type="checkbox"/>	\$ 929.95	<input type="checkbox"/>	\$ 640.95	<input type="checkbox"/>	\$ 753.95	<input type="checkbox"/>	\$ 797.95	<input type="checkbox"/>	\$ 797.95	<input type="checkbox"/>	\$ 797.95
20,000	\$ 74.95	<input type="checkbox"/>	\$ 1,307.95	<input type="checkbox"/>	\$ 1,617.95	<input type="checkbox"/>	\$ 1,702.95	<input type="checkbox"/>	\$ 1,138.95	<input type="checkbox"/>	\$ 1,386.95	<input type="checkbox"/>	\$ 1,458.95	<input type="checkbox"/>	\$ 1,458.95	<input type="checkbox"/>	\$ 1,458.95

\* MAKE OF PRINTER:

\* Required only for EMR paper orders

CARD NUMBER:

EXPIRY DATE:

DATE:

CARDHOLDER SIGNATURE:

**PAYMENT METHOD:**

CHECK INCLUDED

VISA

MASTERCARD

SHIP TO:

CONTACT NAME:

TELEPHONE #:

FAX #:

EMAIL ADDRESS:

EXPRESS DELIVERY OPTION -- four business day service

ADD \$60.00

\* Check the adjacent box to make your selection(s)