

CALIFORNIA SECURE PRESCRIPTION FORMS ~ FAX ORDERS TO 1-866-667-9723

ORDER FORM

CMA 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 # will go here]

* [Lic. # will go here]

Tel: _____

* [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 # _____

NPI # _____

LICENSE # _____

ORDER:

PLEASE CHOOSE:

1 PRESCRIPTION PER SCRIPT

3 PRESCRIPTIONS PER SCRIPT

CONSECUTIVE NUMBERING

* REQUIRED *

1 PART SECURE PADS

# of Pads	Shipping (incl.)	ORDER	NON CMA Pricing		ORDER	CMA Pricing	
			Net Price	Total		Net Price	Total
10	\$ 9.75	<input type="checkbox"/>	\$ 52.00	\$ 61.75	<input type="checkbox"/>	\$ 44.20	\$ 53.95
20	\$ 11.95	<input type="checkbox"/>	\$ 68.00	\$ 79.95	<input type="checkbox"/>	\$ 57.80	\$ 69.75
40	\$ 14.95	<input type="checkbox"/>	\$ 120.00	\$ 134.95	<input type="checkbox"/>	\$ 102.00	\$ 116.95

1 Part = 100 scripts per Pad

2 PART (carbonless) SECURE PADS

# of Pads	Shipping (incl.)	ORDER	NON CMA Pricing		ORDER	CMA Pricing	
			Net Price	Total		Net Price	Total
20	\$ 11.95	<input type="checkbox"/>	\$ 104.00	\$ 115.95	<input type="checkbox"/>	\$ 88.40	\$ 100.35
40	\$ 14.95	<input type="checkbox"/>	\$ 196.00	\$ 210.95	<input type="checkbox"/>	\$ 166.60	\$ 181.55

2 Part = 50 scripts per Pad

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

BLANK (OR)

PRE-PRINTED (required)

# of Sheets	Shipping (incl.)	ORDER	NON CMA Pricing			ORDER	CMA Pricing		
			Price per Sheet	Net Price	Total (with shipping)		Price per Sheet	Net Price	Total (with shipping)
1,000	\$ 14.95	<input type="checkbox"/>	\$ 0.081	\$ 81.00	\$ 95.95	<input type="checkbox"/>	\$ 0.069	\$ 68.85	\$ 83.80
2,000	\$ 19.95	<input type="checkbox"/>	\$ 0.076	\$ 152.35	\$ 172.30	<input type="checkbox"/>	\$ 0.065	\$ 129.50	\$ 149.45
5,000	\$ 29.95	<input type="checkbox"/>	\$ 0.068	\$ 340.00	\$ 369.95	<input type="checkbox"/>	\$ 0.058	\$ 289.00	\$ 318.95
10,000	\$ 44.95	<input type="checkbox"/>	\$ 0.063	\$ 625.30	\$ 670.25	<input type="checkbox"/>	\$ 0.053	\$ 531.51	\$ 576.46
20,000	\$ 74.95	<input type="checkbox"/>	\$ 0.054	\$ 1,085.00	\$ 1,159.95	<input type="checkbox"/>	\$ 0.046	\$ 922.25	\$ 997.20

* EMR SOFTWARE:

* MAKE OF PRINTER:

* Required for all EMR paper orders

* Required for all EMR paper orders

CARD NUMBER:

EXPIRY DATE:

DATE:

CARDHOLDER SIGNATURE:

PAYMENT METHOD:

CHECK INCLUDED

VISA

MASTERCARD

DEA/LICENSE ADDRESS (for ship-to purposes):

CONTACT NAME:

TELEPHONE #:

FAX #:

EMAIL ADDRESS:

This address is:

RESIDENTIAL

COMMERCIAL

EXPRESS DELIVERY OPTION

(ADD \$60.00)

-- four business day service

