

222 Grace Church St.  
#1000126, Suite 302  
Port Chester, NY 10573



"Working together for a better community" ®

Tel: (800) 667-9723

Fax (866) 667-9723

Medicaid  
Approved

NEW ORDER     REORDER     REORDER (with changes)    Acct # \_\_\_\_\_

**California Secure Prescription Forms - Fax order form to 1-866-667-9723**

DEA NUMBER \_\_\_\_\_  PRINT    CA LICENSE NO. \_\_\_\_\_  PRINT

NAME 1 \_\_\_\_\_

NAME 2 \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE CA ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  PRINT

EMAIL ADDRESS \_\_\_\_\_ NPI # \_\_\_\_\_

*An email confirmation will be sent to you upon shipping.*

CMA # \_\_\_\_\_ (Required)

**NON-CMA MEMBERS**

**CMA MEMBERS ONLY**

CALIFORNIA 1 PART					
# OF PADS	# OF SCRIPTS	NET PRICE	SHIPPING	TOTAL	ORDER
10	1000	\$ 52.00	\$7.75	\$ 59.75	<input type="checkbox"/>
20	2000	\$ 68.00	\$9.95	\$ 77.95	<input type="checkbox"/>
40	4000	\$ 120.00	\$12.95	\$ 132.95	<input type="checkbox"/>
CALIFORNIA 2 PART					
# OF PADS	# OF SCRIPTS	NET PRICE	SHIPPING	TOTAL	ORDER
20	1000 x 2	\$ 104.00	\$9.95	\$ 113.95	<input type="checkbox"/>
40	2000 x 2	\$ 196.00	\$12.95	\$ 208.95	<input type="checkbox"/>
8 1/2 x 11 PRINTER PAPER					
# OF SHEETS	NET PRICE	SHIPPING	TOTAL	ORDER	
2000	\$ 162.35	\$19.95	\$ 182.30	<input type="checkbox"/>	
5000	\$ 325.00	\$29.95	\$ 354.95	<input type="checkbox"/>	
10000	\$ 625.30	\$44.95	\$ 670.25	<input type="checkbox"/>	
20000	\$ 1084.70	\$74.95	\$ 1159.65	<input type="checkbox"/>	

CALIFORNIA 1 PART - CMA		
CMA DISCOUNT	TOTAL	ORDER
\$ 7.80	\$ 51.95	<input type="checkbox"/>
\$ 10.20	\$ 67.75	<input type="checkbox"/>
\$ 18.00	\$ 114.95	<input type="checkbox"/>
CALIFORNIA 2 PART - CMA		
CMA DISCOUNT	TOTAL	ORDER
\$ 15.60	\$ 98.35	<input type="checkbox"/>
\$ 29.40	\$ 179.55	<input type="checkbox"/>
8 1/2 x 11 PRINTER PAPER - CMA		
CMA DISCOUNT	TOTAL	ORDER
\$ 24.35	\$ 157.95	<input type="checkbox"/>
\$ 48.75	\$ 306.20	<input type="checkbox"/>
\$ 93.80	\$ 576.45	<input type="checkbox"/>
\$ 162.70	\$ 996.95	<input type="checkbox"/>

*Is this a residential address? Y or N (Required) Residential addresses add \$ 5.00*

- Valid for one prescription per blank.       Valid for three prescriptions per blank.  
 Express shipping and manufacturing (4 business day service) 20 pads ONLY Add \$ 60.00

**PAYMENT METHOD - CHECK INCLUDED  / VISA  / M/C**

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

*"Prices subject to change"*