



99 Rocky Lake Dr., Unit 5
Bedford, NS B4A 2T3

Tel: (800) 667-9723

www.rxsecurity.com

Fax: (866) 667-9723

California secure prescription form Order Form

Fill out form completely and fax with a copy of your DEA registration to 1-866-667-9723

❶ DEA NUMBER _____	❸ NAME AND DEGREE OR CLINIC ❹ NAME, SPECIALITY, CLINIC OR HOSPITAL ❺ STREET ADDRESS 1 ❻ STREET ADDRESS 2 ❼ CITY, STATE / PROV, ZIP / POSTAL CODE	❷ CA LICENSE NO. _____
❽ TELEPHONE _____	❾ FAX NUMBER _____	

Please fill in all highlighted areas you want printed on prescriptions OR send a voided copy of your current prescription

❶ DEA NUMBER _____ ❷ CA LICENSE NO. _____

❸ NAME 1 _____

❹ NAME 2 _____

❺ ADDRESS 1 _____

❻ ADDRESS 2 _____

❼ CITY _____ STATE CA ZIP _____

❽ PHONE _____ ❾ FAX _____



CALIFORNIA CMA 1 PART SECURE PRESCRIPTION FORMS

# OF PADS	PRICE PER PAD	# OF SCRIPTS	NET PRICE	CMA DISCOUNT	TOTAL	ORDER
200	\$ 2.50	20,000	\$ 500.00	\$ 75.00	\$ 425.00	<input type="checkbox"/>
500	\$ 2.30	50,000	\$ 1,150.00	\$ 172.50	\$ 977.50	<input type="checkbox"/>
1000	\$ 2.20	100,000	\$ 2,200.00	\$ 330.00	\$ 1,870.00	<input type="checkbox"/>

CALIFORNIA CMA 2 PART (CARBONLESS) PRESCRIPTION FORMS

# OF PADS	PRICE PER PAD	# OF SCRIPTS	NET PRICE	CMA DISCOUNT	TOTAL	ORDER
200	\$ 4.50	10,000 x 2	\$ 900.00	\$ 135.00	\$ 765.00	<input type="checkbox"/>
500	\$ 4.25	25,000 x 2	\$ 2,125.00	\$ 318.75	\$ 1,806.25	<input type="checkbox"/>
1000	\$ 4.00	50,000 x 2	\$ 4,000.00	\$ 600.00	\$ 3,400.00	<input type="checkbox"/>

METHOD OF PAYMENT

CHECK INCLUDED VISA M/C PURCHASE ORDER

Card / PO Number _____ Expiry / IRS # _____

Cardholder's Signature _____ Date _____