



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

**TEL: 1-800-667-9723**  
**FAX: 1-866-667-9723**  
**MEDICAID COMPLIANT**



**UTAH COUNTERFEIT-RESISTANT PRESCRIPTION FORMS ~ FAX TO 1-866-667-9723**

**UMA 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:** \_\_\_\_\_ **\* [ Fax # would go here ]**

**PLEASE PROVIDE:**  
 \* [ Select checkbox to print ]  
 **PRINT**  
 **FAX #** \_\_\_\_\_  
 **DEA #** \_\_\_\_\_  
 **NPI #** \_\_\_\_\_  
 **LICENSE #** \_\_\_\_\_

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

**ORDER:**  **CONSECUTIVE NUMBERING**  
 **ADD \$25.00 \*** \* Price may vary with order size

**1 PART SECURE PADS**

# of Pads	Shipping (incl.)	NON UMA Pricing		UMA Pricing	
		ORDER Net Price	Total	ORDER Net Price	Total
20	\$ 13.93	<input type="checkbox"/> \$ 53.95	\$ 67.88	<input type="checkbox"/> \$ 45.86	\$ 59.79
40	\$ 17.93	<input type="checkbox"/> \$ 100.95	\$ 118.88	<input type="checkbox"/> \$ 85.81	\$ 103.74
80	\$ 24.93	<input type="checkbox"/> \$ 192.95	\$ 217.88	<input type="checkbox"/> \$ 164.01	\$ 188.94
128	\$ 28.93	<input type="checkbox"/> \$ 279.95	\$ 308.88	<input type="checkbox"/> \$ 237.96	\$ 266.89
200	\$ 42.93	<input type="checkbox"/> \$ 396.00	\$ 438.93	<input type="checkbox"/> \$ 336.60	\$ 379.53

**2 PART (duplicate) SECURE PADS**

# of Pads	Shipping (incl.)	NON UMA Pricing		UMA Pricing	
		ORDER Net Price	Total	ORDER Net Price	Total
24	\$ 13.93	<input type="checkbox"/> \$ 99.95	\$ 113.88	<input type="checkbox"/> \$ 84.96	\$ 98.89
48	\$ 17.93	<input type="checkbox"/> \$ 189.95	\$ 207.88	<input type="checkbox"/> \$ 161.46	\$ 179.39
120	\$ 29.93	<input type="checkbox"/> \$ 456.95	\$ 486.88	<input type="checkbox"/> \$ 388.41	\$ 418.34
200	\$ 46.93	<input type="checkbox"/> \$ 722.95	\$ 769.88	<input type="checkbox"/> \$ 614.51	\$ 661.44
500	\$ 84.93	<input type="checkbox"/> \$1,452.95	\$1,537.88	<input type="checkbox"/> \$1,235.01	\$1,319.94

**8 1/2" X 11" EMR & PRESCRIPTION PAPER**  **BLANK (OR)**  **PRE-PRINTED (as shown above)**

# of Sheets	Shipping (incl.)	NON UMA Pricing			UMA Pricing		
		ORDER 1-UP (8 1/2" X 11") Total (shp incl.)	ORDER 2-UP (5 1/2" X 8 1/2") Total (shp incl.)	ORDER 4-UP (4 1/4" X 5 1/2") Total (shp incl.)	ORDER 1-UP (8 1/2" X 11") Total (shp incl.)	ORDER 2-UP (5 1/2" X 8 1/2") Total (shp incl.)	ORDER 4-UP (4 1/4" X 5 1/2") Total (shp incl.)
1,000	\$ 14.95	<input type="checkbox"/> \$ 89.95	<input type="checkbox"/> \$ 109.95	<input type="checkbox"/> \$ 114.95	<input type="checkbox"/> \$ 78.70	<input type="checkbox"/> \$ 95.70	<input type="checkbox"/> \$ 99.95
2,000	\$ 19.95	<input type="checkbox"/> \$ 159.95	<input type="checkbox"/> \$ 199.95	<input type="checkbox"/> \$ 209.95	<input type="checkbox"/> \$ 138.95	<input type="checkbox"/> \$ 172.95	<input type="checkbox"/> \$ 181.45
5,000	\$ 29.95	<input type="checkbox"/> \$ 329.95	<input type="checkbox"/> \$ 429.95	<input type="checkbox"/> \$ 454.95	<input type="checkbox"/> \$ 284.95	<input type="checkbox"/> \$ 369.95	<input type="checkbox"/> \$ 391.20
10,000	\$ 44.95	<input type="checkbox"/> \$ 589.95	<input type="checkbox"/> \$ 789.95	<input type="checkbox"/> \$ 839.95	<input type="checkbox"/> \$ 508.20	<input type="checkbox"/> \$ 678.20	<input type="checkbox"/> \$ 720.70
20,000	\$ 74.95	<input type="checkbox"/> \$ 1,074.95	<input type="checkbox"/> \$ 1,474.95	<input type="checkbox"/> \$ 1,574.95	<input type="checkbox"/> \$ 924.95	<input type="checkbox"/> \$ 1,264.95	<input type="checkbox"/> \$ 1,349.95

**\* EMR SOFTWARE:**  **\* MAKE OF PRINTER:**   
 \* Required only for EMR paper orders

**CARD NUMBER:**  **PAYMENT METHOD:**  
**EXPIRY DATE:**  **DATE:**   **CHECK INCLUDED**  
**CARDHOLDER SIGNATURE:**   **VISA**  
 **MASTERCARD**

**SHIP TO:**  **CONTACT NAME:**   
**TELEPHONE #:**   
**FAX #:**   
**EMAIL ADDRESS:**   
 **EXPRESS DELIVERY OPTION -- four business day service** **ADD \$60.00**

