



Florida Prescription Blanks Order Form

BILL TO: Please supply the appropriate name and mailing address for billing. <hr/> Name _____ Address _____ <hr/> City _____ State _____ Zip _____	SHIP TO: <hr/> Name _____ Address _____ <hr/> City _____ State _____ Zip _____	IMPORTANT <hr/> Prescriptions may ONLY be shipped to the practitioner's healthcare facility or address of record on file with licensing board.
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If we have questions on your order, whom should we contact?

Name _____ Phone/Cell _____ Fax _____
 E-mail _____ DEA # _____ Optional NPI # _____ Lic. # _____

ANTI-FORGERY SHEETS REVEAL VOID WHEN COPIED

IMPRINT AREA #1
Optional Logo for
Physician, Clinic or Hospital

IMPRINT AREA #2
Name, Address & Phone
of Physician, Clinic or Hospital

IMPRINT AREA #3
For Serial or
Consec. Numbering

LOGO

Name _____ DEA Optional _____
 Address _____ Lic. No. _____
 Phone _____
 Fax _____

PLEASE SEND ME:

Item #	Qty.	Description	Price

- RxCAID • One Part • \$49 /1000 Sheets
 One Part \$90 /2000 Sheets
 Sequential Numbering Add \$25.00
 RxCAID2 • Two Parts • \$90/1000 Sets • Padded in sets of 50
 One Time Proof Add \$ 6.00
 RxCAIDBK2 • Two Part Book with 50 Sets • \$12/Book
 FL Sales Tax
 Copy Proof Paper Only 8 ½ x 11 • \$50 /1000 Pkg
 Sub Total
 \$120 /2500 sheets per Case (Item 04541)
 Shipping
 Copy Proof Paper with DOH Batching Number • 8 ½ x 11
 TOTAL
 \$90 /1000 Pkg • \$220 /2500 Case (Item 04541I)
 * All Copies Are Imprinted

METHOD OF PAYMENT:

- BILL ME (Established Accounts Only)**
 Shipping and handling charges added to your invoice. Payable 30 days from date of invoice.

 CHECK ENCLOSED
 Payment in US dollars only. When your order is shipped, we'll send an invoice for actual shipping and handling charges. Payable 30 days from date of invoice.

 CHARGE MY CREDIT CARD
 Shipping and handling charges will be added to your credit card or invoiced separately.

 MasterCard
 VISA
 Discover
 American Express

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Credit Card Number

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Month/Year Card Expires

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Security Code

CREDIT CARD BILLING ADDRESS (please print)

Card Holder Name _____

Address _____

City _____ State _____ Zip _____

X _____
Purchaser/Cardholder Signature

**OWEN BUSINESS SYSTEMS • TO ORDER CALL 1-800-634-1876
or E-mail: sales@owenemail.com • FAX: 954.968.6778**