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929 W. Oak Street • Kissimmee, FL 34741
Phone: 407.847.5565 • Fax: 407.847.2698

STATE APPROVED CONTROLLED SUBSTANCE SECURITY PRESCRIPTION ORDER FORM

To ORDER or place a REORDER for your counterfeit-proof prescriptions, (As required by Florida Statute of July 1, 2011 the order form below must be filled out completely and signed by the physician as per regulations.

* Practice Name: _____ * Physician's Name: _____

Address: _____

* DEA #: _____ * Florida License #: _____

* Physician's Signature: _____ * Date: _____

* Phone #: _____ Fax #: _____ * Ordered By: _____

Email _____

* MUST BE COMPLETED

JOHN SMITH, M.D.
123 Your Address
YOURTOWN, USA 00000
(000) 000-0000

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, BLUE BACKGROUND, AND SECURITY BACKPRINT

PPM-071511 12345

Name _____

Address _____ Date _____

R_x

PROTOTYPE

Refill NR 1 2 3 4 5 Void after _____

Dispense as Written _____ May Substitute _____

Prescription is void if more than one (1) prescription is written per blank

Quantity Ordered

Pads of 50 single sheets (5.5" x 4.25) *

- 400 = 8 pads (minimum) \$51
- 800 = 16 pads \$72
- 1200 = 24 pads \$93
- 1800 = 36 pads \$125

2 Part Carbonless (In Pads of 25 sets) *

- 500 2 part sets (minimum) \$73
- 1000 2 parts sets \$111
- 2000 2 parts sets \$190

8.5 x 11 Blank Pads * (with control number) (sample prescription print required)

- 500 sheets \$115
- 1000 sheets \$208
- 2000 sheets \$385

- * Initial order will be charged a one time verification fee of \$30.
- * If a print ready file is not provided an additional \$25 one time set up fee will apply.
- * For custom sizes, layouts or ink colors (other than black), please call or fax your request for a custom quote.
- * Perforations and additional sizes available. Call or fax for a quote.

**Please fax this order with a copy of
your current prescription to:
(941) 924-1463**



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Phone: 407.847.5565

Fax: 407.847.2698

Email: pip@pipmarketinggroup.com
www.pipmarketinggroup.com