



Florida Controlled Substance Prescription Order Form.

To order counterfeit-resistant prescription blanks:
COMPLETE ORDER FORM and SUBMIT TO:

Quill.com

Fax: 800-328-0023

Email: RX@quill.com

If you have any questions, call 800-789-6040

Security Features

1. "Void" pantograph appears if photocopied
2. Batch number will be listed on the RX blanks, identifying printer and pads for audit purposes.
3. Security back printing.
4. Microprinting in border line
5. Pain check boxes

Item Number	Description	Parts	Qty./Pad	Size
18003	Single Prescription	1	100	4 ¼ x 5"
All items above start at 8 pads for a minimum order. Order in increments of 8.				

Note: Pricing available by request and subject to change. Quill.com collects tax in all states that have a sales/use tax. It will be added to your final order confirmation at the applicable rate for your state.

Account number:					
Bill to company name:					
Address:					
City:		State:		Zip:	

IMPORTANT! Prescriptions MUST be shipped to the healthcare facility address or address of record on file with the licensing board.

Ship to name:					
Ship to address:					
City:		State:		Zip:	

Item number	Quantity

Note: If the quantity does not align with minimum order requirements/increments above, we will correct to the closest fulfillable quantity.

Free proofs automatically sent on NEW orders or a reorder with changes. If you are reordering, and there are no changes from your previous, no proof will be sent (unless requested) as prior imprint information is on file. Please keep in mind that requesting proofs on reorders can delay your order up to 6 additional days.

Email Address for Proof: _____

Prescriber information: The information below will be pre-printed on the pads.

To process your order, complete the designated practitioner’s license number and include their signature below.

Practitioner’s Name	Degree	License #	DEA #	Signature
<i>4 practitioners allowed per pad</i>		<i>License number is required for the designated practitioner</i>	<i>Optional. We will pre-print a blank line if number is not provided</i>	<i>Signature is required for the designated practitioner only</i>

Clinic Information: Please detail the information you want pre-printed. To ensure accuracy include a sample of the clinic(s) information as printed on a prescription. Only 4 locations allowed per pad. If numbering or body print is required, you will be charged accordingly.

Clinic Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			