

SECURE TAMPER RESISTANT ORDER FORM

Please Print Clearly

Prescriber Information (As you want it to appear on the form) *Required Field

Clinic or Business Name _____

*Prescriber Name _____

Specialty _____

*Address _____ Ste: _____

*City _____ *State _____ Zip _____

*Phone # _____ *License# _____ DEA # _____

(If State Required, Include DEA #)

Fax # _____ Starting # _____

Enter Additional Prescribers on Page 2

Total # of Prescribers _____

Total # of Addresses _____

Security Features:

- ODT™ void security background
- Thermochromic ink (heat reactive)
- Reverse Rx
- Microprint border and lines
- Numbered if specified
- Watermark
- Chemical reactive paper
- Fluorescent fibers
- Preprinted prescriber information
- Blue background on white paper
- Security backer

Leadtime: 3-5 Days after order approval

Valid for Medicaid Prescriptions in the following states: AL, AK, AZ, AR, CO, CT, DE, GA, HI, ID, IL, IA, KS, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI

NOT Valid for Medicaid Prescriptions in the following states: CA, FL, IN, KY, ME, NJ, WV, WY

ADDITIONAL PRESCRIBERS Please print Clearly

Prescriber Information (As you want it to appear on the form) *Required Field

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*Prescriber Name _____
Specialty _____
*Address _____ Ste: _____
*City _____ *State _____ Zip _____
*Phone # _____ *License# _____ DEA # _____
Fax # _____ Starting # _____ (If State Required, Include DEA #)

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Specialty _____
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*Phone # _____ *License# _____ DEA # _____
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