

<b>Customer Name</b>	<input type="text"/>	<b>Account Number (if current Customer)</b>	<input type="text"/>
<b>Address 1</b>	<input type="text"/>	<b>Phone Number</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>	<b>Fax Number</b>	<input type="text"/>

## Prescriber Information (as it will appear on form)

\* Indicates Required Field

<b>Clinic or Business Name</b>	<input type="text"/>		
<b>*Prescriber Name</b>	<input type="text"/>		
<b>Specialty</b>	<input type="text"/>		
<b>*Address</b>	<input type="text"/>	<b>*Ste</b>	<input type="text"/>
New Text			
<b>*City</b>	<input type="text"/>	<b>*State</b>	<input type="text"/>
		<b>*Zip</b>	<input type="text"/>
<b>*Phone #</b>	<input type="text"/>	<b>*Fax Number</b>	<input type="text"/>
<b>*License #</b>	<input type="text"/>	<b>*DEA#</b>	<input type="text"/>
<b>NPI #</b>	<input type="text"/>		

**Please complete in order to expedite your order**  
**Is authorized contact person same as above Prescriber?**

Yes  
 If No , Include Name

**Starting (#) number for numbered Scripts**  
 (Optional not required)

**Proof?**  YES  NO

<b>One Part Pads</b>	<b>Two Part Pads</b>	<b>Blank Paper</b>
<input type="checkbox"/> 4 Pads	<input type="checkbox"/> 4 Pads	<input type="checkbox"/> 100 Sheets
<input type="checkbox"/> 8 Pads	<input type="checkbox"/> 8 Pads	<input type="checkbox"/> 250 Sheets
<input type="checkbox"/> 12 Pads	<input type="checkbox"/> 12 Pads	<input type="checkbox"/> 500 Sheets
<input type="checkbox"/> 16 Pads	<input type="checkbox"/> 16 Pads	<input type="checkbox"/> 1000 Sheets
<input type="checkbox"/> 20 Pads	<input type="checkbox"/> 20 Pads	<input type="checkbox"/> 2500 Sheets
<input type="checkbox"/> 40 Pads	<input type="checkbox"/> 40 Pads	
<input type="checkbox"/> 60 Pads	<input type="checkbox"/> 60 Pads	
<input type="checkbox"/> 80 Pads	<input type="checkbox"/> 80 Pads	

### Enter Additional Prescribers on Page 2

Total # of Prescribers   
 Total # of Addresses

### Design

1 part Pads (50 forms per pad)  
 2 part Pads (25 sets per pad)

### Security Features

- Void Pantograph
- Microprint Line
- Watermark on Back
- Preprinted prescriber information
- Blue background

Please Call 954-491-2679 to inquire about quantities not listed above.

# ADDITIONAL PRESCRIBERS

## Additional Prescribers (as it will appear on form)

\* Required Field

Clinic or Business Name	<input type="text"/>			
*Prescriber Name	<input type="text"/>			
Specialty	<input type="text"/>			
*Address	<input type="text"/>	*Ste	<input type="text"/>	
*City	<input type="text"/>	*State	<input type="text"/>	*Zip <input type="text"/>
*Phone #	<input type="text"/>			
*License #	<input type="text"/>	*DEA#	<input type="text"/>	
NPI #	<input type="text"/>			

Clinic or Business Name	<input type="text"/>			
*Prescriber Name	<input type="text"/>			
Specialty	<input type="text"/>			
*Address	<input type="text"/>	*Ste	<input type="text"/>	
*City	<input type="text"/>	*State	<input type="text"/>	*Zip <input type="text"/>
*Phone #	<input type="text"/>			
*License #	<input type="text"/>	*DEA#	<input type="text"/>	
NPI #	<input type="text"/>			

Clinic or Business Name	<input type="text"/>			
*Prescriber Name	<input type="text"/>			
Specialty	<input type="text"/>			
*Address	<input type="text"/>	*Ste	<input type="text"/>	
*City	<input type="text"/>	*State	<input type="text"/>	*Zip <input type="text"/>
*Phone #	<input type="text"/>			
*License #	<input type="text"/>	*DEA#	<input type="text"/>	
NPI #	<input type="text"/>			

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