

Fax to 866-869-3971

Questions? Call 866-429-1246 or Email CustomerService20@taylorcommunications.com

"SHIP TO" NAME & ADDRESS	CUSTOMER CONTACT NAME:
	CUSTOMER TELEPHONE NUMBER:
	CUSTOMER E-MAIL ADDRESS:

MASTERCARD VISA AMERICAN EXPRESS	Credit Card Number	Expiration Date
Address verification system for credit. When paying by credit card, please put the address where this credit card statement is sent. Incorrect information will delay your order.	CARDHOLDER'S NAME: Required (Please print)	
	ADDRESS: City/State/Zip	
CARDHOLDER'S SIGNATURE:	CARDHOLDER'S TITLE:	DATE:

All purchases are subject to the terms and conditions contained on Standard Register's Web site at www.SecureScrip.com.™

ORIENTATION: HORIZONTAL 5.5"x4.25"	1 PLY Rx Pads (100 PRESCRIPTIONS per pad)					2 PLY Rx Pads (50 PRESCRIPTION SETS per pad)				
	COLOR SELECTION: <input type="checkbox"/> Blue (BL)	NUMBER OF PADS choose one	PRICE PER PAD SHIPPING NOT INCLUDED	NET PRICE SHIPPING NOT INCLUDED	SHIPPING (choose one) GROUND EXPEDITE Next Day Air		NUMBER OF PADS choose one	PRICE PER PAD SHIPPING NOT INCLUDED	NET PRICE SHIPPING NOT INCLUDED	SHIPPING (choose one) GROUND EXPEDITE Next Day Air
CHOOSE FORMAT: see format options <input type="checkbox"/> RXLF113 <input type="checkbox"/> RXLF413 <input type="checkbox"/> RXSP133 <input type="checkbox"/> RXSP433	8	\$3.82	\$30.56	\$8.99	\$28.07	8	\$6.49	\$51.92	\$8.99	\$28.07
	24	\$3.22	\$77.28	\$8.99	\$28.07	24	\$5.99	\$143.76	\$8.99	\$41.13
	48	\$2.88	\$138.24	\$9.70	\$50.90	48	\$5.39	\$258.72	\$14.52	\$76.20
	96	\$2.40	\$230.40	\$17.55	\$92.13	96	\$5.29	\$507.82	\$28.65	\$150.39

ORDER SUMMARY - Please complete the following order summary

Quantity: **Price per Pad:** **Shipping Cost:** **Total Excluding Tax:**

ABC Teaching Hospital Phone: AW1234567-80000-00000

Rx''

Quantity: 100 Check 100s

Refills: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Xa DATE: DO NOT SUBSTITUTE WORKERS COMP

Prescription is void if the number of drugs prescribed is not noted: 1 2 3 4 5

RXLF113

ABC Teaching Hospital Phone: AW1234567-80000-00000

Rx''

Quantity: 100 Check 100s

Refills: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Xa DATE: DO NOT SUBSTITUTE WORKERS COMP

Prescription is void if the number of drugs prescribed is not noted: 1 2 3 4 5

RXLF413

ABC Teaching Hospital Phone: AW1234567-80000-00000

Rx''

Quantity: 100 Check 100s

Refills: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Xa DATE: DO NOT SUBSTITUTE WORKERS COMP

Prescription is void if the number of drugs prescribed is not noted: 1 2 3 4 5

RXSP133

ABC Teaching Hospital Phone: AW1234567-80000-00000

Rx''

Quantity: 100 Check 100s

Refills: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Xa DATE: DO NOT SUBSTITUTE WORKERS COMP

Prescription is void if the number of drugs prescribed is not noted: 1 2 3 4 5

RXSP433

RXLF113 FORMAT

RXLF413 FORMAT

RXSP133 FORMAT

RXSP433 FORMAT

FOR OFFICE USE ONLY

REP. NUMBER: 3939 **"SHIP TO" NUMBER** **"SOLD TO" NUMBER** 1 2 1 7 1 3 9

CUSTOMER CONTACT NAME:

NOTE: At least one practitioner and one address are required.

**REQUIRED FIELDS: Practitioner Name, License Number, DEA Number, Address, City, State and Zip.

ScripPlus®		▼ Order & Imprint Information ▼	
PRACTICE / HOSPITAL NAME (45 characters)			
PRACTITIONER INFORMATION - CHOOSE UP TO THREE (SEE NOTE ABOVE)			
1	PRACTITIONER NAME		
	LICENSE NUMBER	DEA NUMBER	
	NPI		
2	PRACTITIONER NAME		
	LICENSE NUMBER	DEA NUMBER	
	NPI		
3	PRACTITIONER NAME		
	LICENSE NUMBER	DEA NUMBER	
	NPI		
ADDRESS INFORMATION - CHOOSE UP TO THREE (SEE NOTE ABOVE)			
1	ADDRESS LINE		
	CITY	STATE	ZIP
	PHONE NUMBER		
2	ADDRESS LINE		
	CITY	STATE	ZIP
	PHONE NUMBER		
3	ADDRESS LINE		
	CITY	STATE	ZIP
	PHONE NUMBER		