

CONTACT

Name: Phone: - -
 Email*:

*Your email address will be used to aid us in processing orders from you and will not be shared.

BILLING

Method of Payment: Check Enclosed (make check payable to Triple i) Visa Master Card American Express
 Credit Card Number: Exp: /
 Name on Card:
 Cardholder's Signature: Date:

IMPRINT INFORMATION

Practice Name:
 1. Practitioner Name: Professional Designation:
 License Number: NPI Number: DEA Number: DPS Number:
 ✓ here to print ✓ here to print ✓ here to print ✓ here to print
 1. Building:
 Address Line 1:
 Address Line 2:
 City: State: Zip:
 Email*: ✓ here to print Phone: - - Fax: - -
 *Your email address will be used to aid us in processing orders from you and will not be shared.
 Signature (Mandatory): Date:

Also fax a voided script for sample of imprint content. Indicate changes to practice information on voided script.
 Check here to include multiple locations on one pad. List additional locations on page 2. **NOTE:** Multiple locations must be in same state.
 To purchase separate pads for individual practice locations, please submit one order form for each location.

PRICING

<input type="radio"/> 1-PART (See www.TripleiRxPads.com for security features)					<input type="radio"/> 2-PART (See www.TripleiRxPads.com for security features)				
Pad Type	12 Pads	24 Pads	36 Pads	48 Pads	Pad Type	12 Pads	24 Pads	36 Pads	48 Pads
Premium Security <i>100 scripts per pad</i>	<input type="radio"/> \$51.00	<input type="radio"/> \$82.80	<input type="radio"/> \$115.20	<input type="radio"/> \$141.60	Premium Security <i>50 sets per pad</i>	<input type="radio"/> \$63.60	<input type="radio"/> \$96.00	<input type="radio"/> \$135.00	<input type="radio"/> \$170.40
Ground Shipping Charge <i>Per Order</i>	\$11.50	\$12.50	\$13.50	\$14.50	Ground Shipping Charge <i>Per Order</i>	\$11.50	\$12.50	\$13.50	\$14.50

Shipping cost includes Delivery Confirmation Service. Contact Customer Service for expedited shipping prices.

CUSTOMIZATION

Name & Address Font
 Please select one:
 Helvetica (John Q. Sample)
 Cochin Bold (John Q. Sample)
 Garamond Bold (John Q. Sample)
 Gill Sans (John Q. Sample)

Type of Logo
 Please select one logo type:
 Standard logo **A** **B** **C** **D**
 Customized logo
 Use my current logo on file
 Use the new logo enclosed. (For new logos please provide a clean unfolded original on white paper.)
 No logo I do not wish to have a logo on my prescription pads.

Safety Bar
 Include the Triple i Safety Bar on my prescription pads
 Yes
 No
Note: Safety Bar is not available on Premium Security Pads.

SHIPPING

Shipping Address (If different from Imprint 1):
 Attn:
 Building:
 Address Line 1:
 Address Line 2:
 City: State: Zip: Phone: - -

Contact Name: Practice Name:

NOTE: When printing multiple practitioners or locations, you may also fax a voided script for our reference.

List information for additional practitioners that are to print on pad below. For practices with more than 8 practitioner names, please call the Triple i Customer Service Center at 1-800-969-7237 to place your order.

2. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

3. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

4. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

5. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

6. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

7. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

8. Practitioner Name: Professional Designation:
License Number: NPI Number: DEA Number: DPS Number:
✓ here to print ✓ here to print ✓ here to print ✓ here to print
Email*:

*Your email address will not print on your prescription pad and will not be shared.

List additional locations that are to print on your prescription pad below. For practices with more than 3 locations, please call the Triple i Customer Service Center at 1-800-969-7237 to place your order.

2. Building:
Address Line 1:
Address Line 2:
City: State: Zip:
Phone: - - Fax: - -

3. Building:
Address Line 1:
Address Line 2:
City: State: Zip:
Phone: - - Fax: - -

ADDITIONAL PRESCRIBER & IMPRINT INFORMATION