



A MediMedia USA Company

**PRESCRIPTION PAD SERVICE -
ORDER FORM**

**Medicaid Non-Personalized
Prescription Blanks**

8.5"x11" Printer Sheets

Formatted for Exit-Writer Software

Not valid in New Jersey.

Cannot be used for Medicaid prescriptions in Kentucky.

Cannot be used for Controlled Substances in CA, IN, KY, WY or

Schedule II Controlled Substances in ME or TX



SELECT QUANTITY	ITEM #	PER ORDER	UPGRADE SHIPPING SERVICE (per order)
			UPS 2nd Day Air
<input type="checkbox"/> 1000 sheets (shipped in 1 carton of 2 reams)	EWMD1000NP	\$105.00*	<input type="checkbox"/> add \$30
<input type="checkbox"/> 2500 sheets (shipped in 1 carton of 5 reams)	EWMD2500NP	\$200.00*	<input type="checkbox"/> add \$50
<input type="checkbox"/> 5000 sheets (shipped in 2 cartons, 5 reams each)	EWMD5000NP	\$325.00*	<input type="checkbox"/> add \$100

*Price per order includes UPS Ground Shipping Service. Upgraded shipping service is available for an additional charge.

Orders will ship within 2 days from receipt of order

1 Authorized Purchasing Agent Information:

* Denotes required field

*Name: _____

*Title OR Licensure Type (ex: M.D.): _____

State Medical License # (if purchaser is a licensed practitioner
of medicine) _____

State Facility License # _____
(if applicable)

* _____

Signature of Authorized Purchasing Agent

2 Shipping :

*Facility Name: _____

*Attention: _____

*Address Line 1: _____

Address Line 2: _____

*City: _____

*State: _____ *ZIP Code: _____

*Phone Number: _____

Fax Number: _____

3 Payment Information (select one):

- American Express MasterCard VISA
- Check (Make check payable to *Triple i*) Check must be received before order can be processed

Card Number: _____

Card Expiration (MM/YYYY) _____

Card Holder Name: _____
(please print)

Card Holder Signature _____

OR Purchase Order Attached

PO #: _____

Accounts Payable Contact: _____

Contact Phone #: _____

Purchase Order must be attached and include:
Item #, Total Cost, Accounts Payable Address

ALL STATE MEDICAL LICENSE AND FACILITY INFORMATION WILL BE VERIFIED PRIOR TO SHIPPING

**SIGN COMPLETED FORM, SIGN AND FAX TO: 1-800-233-9141 OR MAIL TO: PO BOX 1149, MORRISVILLE, PA 19067
PLEASE CONTACT THE TRIPLE I CUSTOMER SERVICE CENTER IF YOU HAVE QUESTIONS: 1-800-969-7237**