

REQUEST FOR TAMPER RESISTANT PRESCRIPTION PADS

Please Indicate:

- ~ Initial Supply (New Registrant)
- ~ Re-order

Please forward _____ Tamper Resistant Prescription Pads to the following:
 qty. of pads (Max. 10)

PLEASE NOTE: THE MAXIMUM ALLOWABLE QUANTITY FOR ONE ORDER IS 10 PADS (50 prescriptions per pad)

Please print as you wish it to appear on the prescription pad.

Prescriber Name: _____

Practice Address: _____

Practice Phone Number: _____

Prescriber license #:

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Address to Ship Pads to:
 (PO Box=s not acceptable)

Signature: _____ Date: _____

Please Fax Completed Form to (709) 729-7680

Office Use Only:

Processed By: _____

Date: _____