

Florida Prescription Blanks Order Form

Florida State Counterfeit-Proof Prescription Program.

We have met the tough requirements of Florida law and stand ready to assist you in meeting state regulations as quickly and easily as possible. Our counterfeit-proof prescription blanks meet the requirements of both Medicaid and controlled substance prescribing.

To order counterfeit-resistant prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Florida law does not permit phone orders. Our helpful telephone representatives will be happy to answer your questions and help you securely submit your credit card information before you place your written order. Feel free to call us toll-free at **800-789-1186**.



Security Features

- “Void” pantograph appears if photocopied
- Batch number will be listed on the Rx blanks, identifying printer and pads for audit purposes
- Security backprinting
- Security features listed
- Reverse Rx symbol
- License verification required
- Pain check boxes

FAX: 800-328-0023
EMAIL: rx@Quill.com

COMPLETE ORDER FORM and SUBMIT TO:
 • **MAIL:** Quill Corporation, P.O. Box 43200, Minneapolis, MN 55443-0200
 If you have any questions, call 800-789-1186

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BILL TO: Please supply the appropriate name and mailing address for billing.*	SHIP TO:	IMPORTANT
Cardholder's Name _____ Address _____ City _____ State _____ Zip _____	Name _____ Address _____ City _____ State _____ Zip _____	Prescriptions may ONLY be shipped to the practitioner's healthcare facility or address of record on file with the licensing board.

If we have questions on your order, whom should we contact?

Name _____ Phone/Cell _____ E-mail _____

PRICING				
SINGLE COPY RX BLANKS				
Item Number	Qty./Pad		Price/Pad	
		5	10	20+
497-18003	100	\$14.99	\$12.99	\$11.99
Minimum order: 5 pads (must order in increments of 5). Script size: 5½x4"				
FORMATTED LASER PAPER RX BLANKS				
Item Number	Qty./Pack		Price/Pack	
		5	10	20+
497-10700	100	\$36.99	\$33.49	\$29.49
Minimum order: 5 packs (must order in increments of 5). Sheet size: 8½x11"; Script size: 5½x4"				
SEND FREE PROOF TO:				
Fax _____				
E-mail _____				

PLEASE SEND ME:			
Item No.	Qty.	Description	Price From Chart Above
Sequential Numbering, add \$27			
Body Printing, add \$16.80			
Sales Tax†			
Total			

† Quill.com collects tax in all states that have a sales/use tax. Please add tax at applicable rate.

METHOD OF PAYMENT:	
We cannot accept CODs. Do not send cash.	
<input type="checkbox"/> BILL ME Open accounts for businesses only. Invoice mails separately within 2 days of shipment. Payment is due within 30 days from date of invoice. New accounts are subject to credit approval. Prepayment by check or credit card helps facilitate your order through our Credit Department.	<input type="checkbox"/> CHECK ENCLOSED Payment in US dollars only.
	<input type="checkbox"/> CREDIT CARD Check if you want to pay by credit card. Once order is received, we will contact you for the CC information.

*Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

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IMPORTANT: The information requested below must be filled out in order for us to process your order.

- License number is required for printer validation. Pre-printing the number on your Rx blanks is optional
- DEA number is optional. If provided, we will pre-print the number on your Rx blanks

PRESCRIBER INFORMATION: Information listed below will be pre-printed on the pads

Name	Degree	License # Optional. We will pre-print a blank line if number is not provided	DEA # Optional. We will pre-print a blank line if the number is not provided	Signature One designated practitioner's signature is required
LICENSE # Required for Printer Validation			Designated Prescriber Name:	License #

CLINIC NAME/ADDRESS/PHONE INFORMATION: Please detail what you want pre-printed or attach a sample.

PATIENT INFO:

DOB
 M/F

LABELING INFO:

English Spanish

OPTIONS:

Serial Numbering
Starting # _____
 Add serial numbering for an additional charge
 Body Print: Please provide text and layout
 Pre-print regular non-scheduled prescription information in the body of the Rx blank for an additional charge

*Your 100% Satisfaction
is Guaranteed*

**Thank You
for Your Order**

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