



4703 Park Street North
St. Petersburg, FL 33709
(727) 545-9000 • (727) 546-9463
advancedprintingfl@gmail.com

Date: _____

From: _____

Fax To: (727) 546-9463

Phone #: _____

Pages: _____

Re: counterfeit-proof prescription pads for licensed healthcare practitioners who prescribe controlled substances

Please fill out the following Prescription Order/Authorization Form completely and fax it back along with a sample of the prescription you would like to order. If you do not have a current rx that you are using and want us to set up an rx please choose whether you would like a horizontal or vertical format below.

HORIZONTAL

HEALTH PROVIDER PRACTICE DOCTOR NAME STREET ADDRESS CITY, STATE, ZIP PHONE (727) 000-0000 FAX (727) 000-0000 LIC # _____	
DEA # _____	LIC # _____
NAME _____	AGE _____
ADDRESS _____	DATE _____
R	
<input type="checkbox"/> LABEL	
REFILL _____ TIMES _____	

VERTICAL

HEALTH PROVIDER PRACTICE DOCTOR NAME ADDRESS CITY STATE ZIP PH (727) 000-0000 FAX (727) 000-0000	
DEA # _____	LIC # _____
NAME _____	AGE _____
ADDRESS _____	DATE _____
R	
Label	
Refill NR 1 2 3 4 5	
_____ (Signature)	

PLEASE NOTE: The doctor must sign the form to verify that he/she is authorizing the order to be placed.
The License Number and DEA Number must be on the form.

Please call if you have any questions (727) 545-9000

Narcotic Prescription Order/Authorization Form

Advanced Printing & Graphic Solutions
4703 Park Street North • St. Petersburg, FL 33709
(727) 545-9000 • (727) 546-9463 Fax
advancedprintingfl@gmail.com

Please Fill Out Form In Its Entirety &
Fax Back to (727) 546-9463

INTERNAL USE ONLY

Customer # _____

Work Order # _____

Date _____

Code: SAP

Practice Name _____

Physician Name _____

Address _____

Phone _____ Fax _____

Email _____

License # _____ DEA # _____

MUST INCLUDE LICENSE # AND DEA# ON THIS FORM

Do you want the License # printed on the Rx pad? _____

Do you want the DEA # printed on the Rx pad? _____

Requesting a Quantity of _____ Prescription Pads

(Example: 5 pads of 50 will yield 250 Rx, 10 pads of 50 will yield 500 Rx)

_____ Single **or** _____ Duplicate (2 part carbonless) **(Please Select One)**

_____ Padded In 50's **or** _____ Padded In 100's **(Please Select One)**

Doctors Signature _____ Date _____

(Must Be Doctor)

Please Note: All Prescription Forms Are Printed 4.25"x5.5" on Blue Security Guard Paper with Black Ink unless otherwise specified