

Prescription Order/Authorization Form

Advanced Printing & Graphic Solutions
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INTERNAL USE ONLY

Customer # _____
Work Order # _____
Date _____
Code: SAP

Please Fill Out Form In Its Entirety &
Email to advancedprintingfl@gmail.com

Practice Name _____

Address _____

Phone _____ Fax _____

Email _____

Physician Name _____

Physician Name _____

License # _____ DEA # _____

License # _____ DEA # _____

Physician Name _____

Physician Name _____

License # _____ DEA # _____

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 :

4 Rx Pads 8 Rx Pads 12 Rx Pads 16 Rx Pads 20Rx Pads or

_____ Rx Pads or _____ Rx Sheets (NOT PADDED)

(Example: 100 pads of 50 will yield 5000 Rx
- pads must be ordered in multiples of 4)

(Example: 500 sheets for electronic Rx)

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

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

Doctor's Signature _____ Date _____

Printed Name _____

Please Note: Prescription Pads Are Printed 4.25"x5.5" on Blue Security Guard Paper With Black Ink. Ask for other options.