



State of Florida Department of Health Approved "SECURE GUARD"  
**Prescription Pad Order Form**

Fax completed form to (813) 879-3516  
 or scan and e-mail to solutions@tampaprint.com

4410 W Hillsborough Ave • Tampa, FL 33614 • www.tampaprint.com  
 813-875-7083 • solutions@tampaprint.com

Since 1984

**1. Contact Information** - PLEASE PRINT - Date \_\_\_\_\_

Authorized Person  
 Placing Order: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

A proof will be sent to you for your approval prior to printing.

>>>>>> Send Proof via:  Fax  E-mail

Do Not Write In This Area  
 For Tampa Print Only

Ack. \_\_\_\_\_  
 Date \_\_\_\_\_  
 TPS \_\_\_\_\_  
 V. Dr. \_\_\_\_\_  
 Adl. \_\_\_\_\_  
 Proof \_\_\_\_\_  
 Appvl. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Prescriber Information:** (as you want it to appear on form) -Please Print Carefully.

\* Required Information

(you may fax a current Rx form, please enlarge it before faxing)

Clinic or Practice Name: \_\_\_\_\_

\* Prescriber Name \_\_\_\_\_

Specialty \_\_\_\_\_

\* Address \_\_\_\_\_

\* City, State, Zip \_\_\_\_\_

\* Phone \_\_\_\_\_ Fax \_\_\_\_\_

\* License# \_\_\_\_\_ DEA # \_\_\_\_\_

(If no DEA # is provided, we will leave a blank space for it to be written in)

Enter Additional Prescribers/Addresses On Page 2

Total Number of Prescribers \_\_\_\_\_ Total Number of Addresses \_\_\_\_\_

**3. Quantity**

Forms are 5.5" x 4.25"

Select

Orientation:

\_\_\_\_\_  Horiz.

\_\_\_\_\_  Vert.

"SECURE GUARD" One Part Forms

# Forms	# of Pads	Price
<input type="checkbox"/> 100	1	\$35.00
<input type="checkbox"/> 200	2	\$40.00
<input type="checkbox"/> 300	3	\$45.00
<input type="checkbox"/> 500	5	\$53.00
<input type="checkbox"/> 1000	10	\$74.00
<input type="checkbox"/> 2000	20	\$118.00

"SECURE GUARD" Two Part Forms (top white, bottom yellow)

# Forms	# of Pads	Price
<input type="checkbox"/> 100	2	\$47.50
<input type="checkbox"/> 200	4	\$62.00
<input type="checkbox"/> 300	6	\$78.00
<input type="checkbox"/> 500	10	\$107.00
<input type="checkbox"/> 1000	20	\$183.00
<input type="checkbox"/> 2000	40	\$325.00

\$18.00 charge for first-time set-up. Prices do not include sales tax or delivery.  
 For additional quantities, sizes, or to order blank paper, please call for pricing.

## 4. Additional Prescriber Information:

\* Prescriber #2 Name \_\_\_\_\_

Specialty \_\_\_\_\_

\* License# \_\_\_\_\_ DEA # \_\_\_\_\_  
(If no DEA # is provided, we will leave a blank space for it to be written in)

\* Prescriber #3 Name \_\_\_\_\_

Specialty \_\_\_\_\_

\* License# \_\_\_\_\_ DEA # \_\_\_\_\_  
(If no DEA # is provided, we will leave a blank space for it to be written in)

## 5. Additional Address Information:

\* Address #2 \_\_\_\_\_

\* City, State, Zip \_\_\_\_\_

\* Phone \_\_\_\_\_ Fax \_\_\_\_\_

\* Address #3 \_\_\_\_\_

\* City, State, Zip \_\_\_\_\_

\* Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additional Comments/Instructions:



*Thank you for your order!*

**Fax completed form to (813) 879-3516  
or scan and e-mail to [solutions@tampaprint.com](mailto:solutions@tampaprint.com)**