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Filerx.com	n is a licensed sec	urity preso	ription pad	printer in all sta	ates, excep	t New Y	ork and Nev	v Jersey.	
Order Contact Filerx.com respects you and your patients' right to privacy. Customer information is never shared or sold to third parties. If you do not wish to receive special product offers and information from Filerx.com, please click here									
Practice Name/Location		Address City/State/Zip							
	Office Fax	Contact			E-Mail Address				
	r print wording exactly as y	you wish it to an	near Heea cena	rate sheet if necessary	Include printe	nd camples	whenever needed	1	
We will typese	t your pad according to the						Previous Orde		
☐ Use sample for imprint information only (not format)			Format Size		Standard Imprint Layout				
☐ Use my practice B&W logo: No charge (email to info@filerx.com) ☐ 5 1/4 x 4 1/4				□ 5 1/2 x 8 1/2			n purposes only. Certain Physic		ctice Name cian, Degree
☐ Match sample exactly (imprint & format) (horizontal Please call for possible add'l charges.) (small format vertical)		(large format veritcal)	meet Board of Pharm		acy regulations. Your pad License DEA Address		Address
CA prescribers please choose one of the fol	=	-	·		most curre	ent requirem		City Telepho	r, State ZIP one Fax
	s and/or locations per pad		re added to presc	riber names to clearly	identify multiple	e prescribe	rs.		
Prescriber	AlternateLine/ Specialty	Degree(s)	License #	License # Display Options (Default is to print on pad	DPS#		NPI#	DEA #	DEA # Display Options (Default is to print on pad)
				□ Do Not Print					☐ Do Not Print
				☐ Blank Line Onl	У				☐ Blank Line Only
				☐ Do Not Print☐ Blank Line Only	y				☐ Do Not Print☐ Blank Line Only
				☐ Do Not Print					☐ Do Not Print
				☐ Blank Line Only	у				☐ Blank Line Only
				☐ Do Not Print☐ Blank Line Only	y				☐ Do Not Print☐ Blank Line Only
☐ There are more than 4 prescribers o Practice	n this prescription pad. I h	nave attached ar	n additional order	form listing the other	prescribers.				
Practice Name		Address		City	City State		Telephon	e Fa:	x Pad Start #
☐ There are more than 2 locations on	this prescription pad. I have	ve attached an a	ıdditional order fo	orm listing the other lo	cations.				
Chinning Due to the sensitive	e nature of our products, w	e ship only to tl	ne address of reco	ord on either your DEA	license, States li	icense,or to	the address actua	ally printed on yo	ur pads.
	s must obtain signature p s. Additional shipping ch								
Person Available To Receive Shipment							Telephon	е	
PracticeName/Location	Address						City/State/Zip		
Billing	Retail Sub Total Shipping Cost Order Details								
☐ Check Enclosed ☐ Charge To My Credit Card			\$45.01 - \$90.00 \$12.00 \$90.01 - \$175.00 \$17.00		Quan	tity of Pads	Pad Style	# of Parts	Total Amount
		be billed to your credit card when it is received. Visa®, American Express®& Discover®are accepted.		\$175.01 - \$250.00 \$25.00 \$250.01 - \$350.00 \$38.00			□ Security	□ 1-Part	
dicolo dat o i licix.com.			\$350.01 - \$700.00 \$700.01 +	\$70.00 UPS Ground Rate	e		☐ Non Secure	□ 2-Part □ 3-Part	
Card Number			In-Plant Production 3 Day In-Plant Addi					chandise Total	
			2 Day In-Plant Additional \$65.00		New Orde Day Productio		*Actual Sales Tax Rate W	ill Be Charged	
Expiration Date (MM/YY) CID Na	me As It Appears On Card (Pl	It Appears On Card (Please Print)		*Does not decrease UPS Shipping time. 5 Day Order deadline is 10am EST.		ni rime	At The Time of Processing	Payment Promo Code	
			UPS Expedited De		Reorders Day Productio	Reorders Production Time		In-Plant Production	
Billing Address	City State ZIP		5 pads shipped overr	ded overnight for AM where in continental US ska & Hawaii: 5.00, plus standard Need your entire order fasterthan UPS Grou				Rush Charges	
			including Alaska & H Additional \$35.00, plu						
Cardholder Signature			ground charge for rer order quantity.		-307-7717			TOTAL	