

This order came from
FreePrescriptionPads.org

National Rx Security, Inc.

535 2nd Street, S.W. • Vero Beach, FL 32962 • TOLL FREE Tel 1-800-510-1050 • Fax: 800-500-3060

FREE PRESCRIPTION PADS ORDER FORM



for RX PADS
when you order scripts
with with a pharmacy
benefit message

DEA# 1234567	DAN McCAFFERY NATIONAL RX SECURITY 535 SECOND STREET S.W. VERO BEACH, FL 32962	LIC# 12345
DEA# 1234567	DAN McCAFFERY NATIONAL RX SECURITY 535 SECOND STREET S.W. VERO BEACH, FL 32962	FAX: (800) 500-3060
(800) 510-1050	FAX: (800) 500-3060	Age
Name	Address	Sex
SECURITY FEATURES ON BACK	Date	DOB
<small>Pharmacist and Patient: If this patient has no insurance or is in a formulary exclusion, gap, or high deductible plan, please process this claim with the codes below to reduce the patient's cost. ID: Customer's 10-digit phone number • BIN: 610568 • PCN: DRX • GRP: PAD Pharmacy Help Line: 1-877-823-1273 • This is not insurance.</small>		
Rx	<small>If dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form.</small>	

How the Pharmacy Benefit Discount program works:

- FREE tamper resistant prescription pads for all providers
- The FREE prescription pads will contain a message to the patient for pharmacy benefits. (See enlarged box below.)
- Patients take their prescription to their local pharmacy and save \$\$ on their medication.
- Works at virtually every pharmacy in the US
- Medication savings of up to 75% (average 26%)
- 24 hour pharmacy help-line • HIPPA compliant

Pharmacist and Patient: If this patient has no insurance or is in a formulary exclusion, gap, or high deductible plan, please process this claim with the codes to the right to reduce the patient's cost. ID: Customer's 10-digit phone number • BIN: 610568 • PCN: DRX • GRP: PAD Pharmacy Help Line: 1-877-823-1273 • This is not insurance.

The FREE prescription pads will contain this information bar preprinted on the scripts.

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

1 DEA# _____ (Information required) Check box to print DEA# on script

2 LIC # _____ 3 NPI# _____
(Information required) Check box to print LIC# on script (Enter only if you want preprinted on scripts)

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (_____) _____ 10 Fax (_____) _____
(Enter only if you want preprinted on scripts)

If we have questions on your order:

Contact _____ Phone _____

E-MAIL ADDRESS: _____

Please check the amount you want to order.
SINGLE SHEET SCRIPTS = 100 sheets per pad

Qty Total 1000 FREE 2000 FREE 3000 FREE 4000 FREE

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT
For security reasons, please fax a current copy of your
DEA or Medical License with your FREE Rx order form.

Healthcare Provider Signature _____ Title _____ Date _____

REV 1/08/01

Not available in IN, KY or NY