



Dragon Printing
 2003 El Camino Real #209
 Oceanside, CA 92054
PH: (877) 233-1258
FAX: (760) 433-2814

**PRESCRIPTION PAD
 ORDER REQUEST FORM**

ORDERED BY: _____

PHONE: _____ FAX: _____

SHIP TO LOCATION: _____

(Prices are per pad)

ONE PART: 8 PADS 12 PADS 16 PADS 24 PADS 40 PADS 60 PADS
 (100 Sheets per pad)

TWO PART: 9 BOOKS 18 BOOKS 27 BOOKS 36 BOOKS 54 BOOKS 81 BOOKS
 (50 Sets per book)

PROOF? YES NO EMAIL _____

New Order (Fill Out Below) Reorder (Exact) Reorder w/Changes

CLINIC NAME: _____

ADDRESS: _____ STE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

❶ PRESCRIBER NAME: _____

LICENSE # _____ DEA # _____

❷ PRESCRIBER NAME: _____

LICENSE # _____ DEA # _____

❸ PRESCRIBER NAME: _____

LICENSE # _____ DEA # _____

❹ PRESCRIBER NAME: _____

LICENSE # _____ DEA # _____

PLEASE LIST ADDITIONAL PRESCRIBER'S WITH LICENSE AND DEA NUMBERS ON SEPARATE SHEET.

YOU MAY ALSO FAX OR EMAIL A COPY OF PREVIOUS RX PAD WITH YOUR CONTACT INFORMATION TO THE NUMBER OR EMAIL ADDRESS BELOW.

(PLEASE SEND LEGIBLE COPY)

THANK YOU

PLEASE FAX COMPLETED FORM TO:

DRAGON PRINTING @ (760) 433-2814 OR EMAIL TO : PETER@DRAGONPRINTINGONLINE.COM