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 Name: _____ Phone: _____ Date: _____
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BILLING

 Method of Payment: Visa/MC AmEx Discover
 Credit Card Number: _____ Exp: ____ / ____ CV2: ____
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IMPRINT INFO

*****Please include a DEA Certificate & CA Medical License copy for each prescriber along with this order form*****

 Practice Name: _____
 Practitioner Name: _____ Professional Designation: _____
 License Number: _____ DEA Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Additional Prescribers: (optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.) _____
 Practitioner Name: _____ Professional Designation: _____
 License Number: _____ DEA Number: _____
 Practitioner Name: _____ Professional Designation: _____
 License Number: _____ DEA Number: _____
 Practitioner Name: _____ Professional Designation: _____
 License Number: _____ DEA Number: _____
 Additional Locations: (optional) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

OPTIONS & PRICING

 Pad Qty: 10 (minimum order) 20 40 60
 Sheet Size: Regular (4.25" x 5.5") (Max 4 Names) Large (5" x 7")
 Form Type: 1 Part Forms (Single Sheets) 2 Part Forms (With Carbon Duplicate)
 Prescriptions: Single Prescription per sheet Multiple Prescriptions per sheet

Regular Pads (4.25" x 5.5") Up to 4 Prescribers					Large Pads (5" x 7") Up to 8 Prescribers				
Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)		Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price		# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$16.00	500	\$18.00	10	1000	\$20.00	500	\$23.00
20	2000	\$14.00	1000	\$16.00	20	2000	\$18.00	1000	\$20.00
40	4000	\$12.00	2000	\$14.00	40	4000	\$16.00	2000	\$18.00
60	6000	\$11.00	3000	\$13.00	60	6000	\$14.00	3000	\$16.00

ALL PRICES ARE PER PAD - 10 PAD MINIMUM ORDER - SHIPPING AND SALES TAX NOT INCLUDED

Email completed Order Form, DEA Certification & CA Medical License to: graphics@mmpsm.com