Rx Laser Paper ORDER FORM: Medicaid-Compliant. Tamper-Resistant.

Order Type: ◯ New ◯ Repeat w/Change ◯ Exact Repeat

* Required Field

*Practice Name _____ *Email _____

*Contact Name _____ *Phone # _____

*Address _____ *Fax # _____

_____

Ship To: ☐ Check here if same as above.

Practice Name _____

Address _____ Ste _____

City _____ State _____ Zip _____

1-Up (1 Rx per sheet)	2-Up (2 Rx per sheet)	4-Up (4 Rx per sheet)
◯ 500 ◯ 1,000 ◯ 2,500 ◯ 5,000	◯ 500 ◯ 1,000 ◯ 2,500 ◯ 5,000	◯ 500 ◯ 1,000 ◯ 2,500 ◯ 5,000

***Background?** ◯ **Blue** ◯ **Green**

Sequential Numbering? ◯ **Yes** ◯ **No** **(Additional charge.)**

Include GA Seal & Batch #? ◯ **Yes** ◯ **No** **(No additional charge when combined w/Seq #-ing. No longer required by the GA Board of Pharmacy.)**

Additional Information: _____

_____

We can also help you with:

- **Marketing Material (Design/Print – Brochures, Postcards, Newsletters)**
- **Promotional Items (Events, Patient Thank Yous)**
- **Direct Mail Campaigns**
- **Website (Design/Develop/Host) & Social Media**
- **Letterhead, Envelope, Business & Appt cards**
- **Confidential Sign-In System**

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