

TWO POINT INCORPORATED

Toll Free: 1-800-800-5876
Fax Orders To: 1-615-259-3111
E-Mail Orders To: tamperproofrxpads@twopointinc.com



*Tamper Resistant Rx Pad Order Form
for Tennessee Dental Association*

To complete your order, please provide the following information. Once we have received this information, by phone, fax or email, and it is verified, we will proceed with your order.

Order Date : _____ **Two Point will acknowledge receipt of you order by phone, fax, or email.**

CONTACT INFORMATION		SHIPPING INFORMATION	
Name: _____		Due to the sensitive nature of our products, we ship only to the address of record on either your State license, DEA license, or to the address actually printed on your pads.	
Phone: _____		Attention: _____	
Fax: _____		Street: _____	
Email: _____		City, State, ZIP: _____	

COMMENTS :

PAD IMPRINT INFORMATION		ORDER DETAILS	
Please type or legibly print wording exactly as you wish it to appear up to 6 lines, or fax / email actual copy.			
1. _____		<input type="checkbox"/> Format 1	<input type="checkbox"/> Format 2
2. _____		<input type="checkbox"/> Format 3	(3 Rx Per Sheet)
3. _____		(Format samples available upon request)	
4. _____		Background Color	<input type="checkbox"/> Blue <input type="checkbox"/> Green
5. _____		DEA Number :	_____
6. _____		<input type="checkbox"/> (✓ box to include DEA number on imprint)	
		License # / NPI :	_____
			(for verification purpose)

PRICING

Price Per Pad * pricing for additional quantities available upon request by fax, email, or phone * Special Format (1st time only) \$7.00, Proofs \$5.00
8.5" x 11" laser sheets also available - see our Tamper Resistant RX Sheet Order Form for details & pricing.

TDA Member Price			Non-TDA Member Price		
1 Ply (100/Pad)			2 Ply (50/Pad)		
Qty	Price / Pad	Total	Qty	Price / Pad	Total
<input type="checkbox"/> 5	\$ 6.40	\$ 32.00	<input type="checkbox"/> 5	\$ 7.00	\$ 35.00
<input type="checkbox"/> 10	\$ 4.50	\$ 45.00	<input type="checkbox"/> 10	\$ 5.60	\$ 56.00
<input type="checkbox"/> 25	\$ 3.20	\$ 80.00	<input type="checkbox"/> 25	\$ 4.00	\$ 100.00
<input type="checkbox"/> 50	\$ 2.70	\$ 135.00	<input type="checkbox"/> 50	\$ 3.40	\$ 170.00
* <input type="checkbox"/> Other			* <input type="checkbox"/> Other		

Credit Card Type :

M/C VISA DISCOVER AMERICAN EXPRESS

Card Number : _____

Exp. Date : (MM / YY) _____ **CID:** _____

Cardholder Name : _____

Cardholder's City, State, Zip : _____

Cardholder Signature :

X _____

Shipping & Handling Charges

Shipping Charges for 5 or 10 pads is \$6.00.
25 pads \$8.00. 50 pads \$10.00.

Total Price for Pads \$ _____

Proof and / or Special Format \$ _____

Shipping & Handling \$ _____

Tax \$ _____

TOTAL \$ _____

We will calculate tax - If tax exempt, please fax Exempt Certificate