

TWO POINT INCORPORATED



*Tamper Resistant Rx Laser Sheets Order Form
for Tennessee Dental Association*

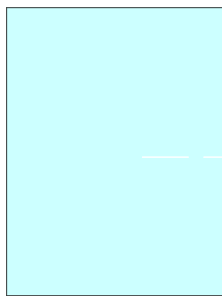
Toll Free: 1-800-800-5876
Fax Orders To: 1-615-259-3111
E-Mail Orders To: tamperproofrxpads@twopointinc.com

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: _____	
Fax: _____	
Email: _____	
License # / NPI : _____ <small>(for verification purpose)</small>	
	Attention: _____
	Street: _____
	City, State, ZIP: _____

COMMENTS :

ORDER DETAILS	TAMPER RESISTANT FEATURES <small>(as listed on all of our prescription paper)</small>
 <p>Color (choose one)</p> <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> 8.5" x 11" sheet - 1 up	<ul style="list-style-type: none"> • Void Panto • Heat Sensitive Red Ink • Micro Printing • True Watermark • Security Fibers • Chemical Reactors • Toner Fuse • Warning Bands

PRICING
Price Per Thousand (M) sheets * pricing for additional quantities available upon request by fax, email, or phone *
Prescription Pads also available - see our Tamper Resistant RX Pads Order Form for details & pricing.

TDA Member Price			Non-TDA Member Price		
Qty	Price / RX Sheets	Total	Qty	Price / RX Sheets	Total
<input type="checkbox"/> 1/M	\$ 72.75/M	\$ 72.75	<input type="checkbox"/> 1/M	\$ 90.00/M	\$ 90.00
<input type="checkbox"/> 2/M	\$ 62.60/M	\$ 125.20	<input type="checkbox"/> 2/M	\$ 78.00/M	\$ 156.00
<input type="checkbox"/> 4/M	\$ 51.40/M	\$ 205.60	<input type="checkbox"/> 4/M	\$ 65.00/M	\$ 260.00
* <input type="text"/>			* <input type="text"/>		
Other			Other		

Credit Card Type : <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS Card Number : _____ Exp. Date : (MM / YY) _____ CID: _____ Cardholder Name : _____ Cardholder's City, State, Zip : _____ Cardholder Signature : X _____	Total Price for Sheets \$ _____ * Shipping & Handling \$ _____ ** Tax \$ _____ Total Price for Order \$ _____ <small>* Orders will be shipped prepaid via UPS ground. We will calculate the "Shipping & Handling " cost using standard UPS rates & add it to this order. ** We will calculate tax - If tax exempt, please fax Exempt Certificate</small>
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