



1942 State Street  
 Hamden, CT 06517  
 877-DR-STUFF  
 or 203-785-8475  
 FAX: (203) 785-8704

FAX COMPLETED FORM TO:  
 (203) 785-8704

### SECURE TAMPER RESISTANT ORDER FORM

Please Print Clearly

Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PO# \_\_\_\_\_

E-mail address \_\_\_\_\_

**Prescriber Information** (as you want it to appear on the form)

\*Required Field

Clinic or Business Name \_\_\_\_\_

\*Prescriber Name \_\_\_\_\_

Specialty \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone # \_\_\_\_\_ \*License# \_\_\_\_\_ DEA # \_\_\_\_\_

(If no DEA # is provided, we will leave a blank space for it to be written in)

Enter Additional Prescribers on Page 2

Total # of Prescribers \_\_\_\_\_

Total # of Addresses \_\_\_\_\_

Security features included are compliant with federal guidelines for the following states:

AL, AK, AZ, AR, CO, CT, DE, GA, HI, ID, IL, IA, KS, LA, MD, MA, MI, MN, MS, MO, MT, NB, NV, NH, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI

Please call for order information if you are in:

CA, FL, IN, KY, ME, NJ, WV, WY

Lead time: 5-7 days after order approval

Doctor Stuff Secure Prescription Program

1942 State St. • Hamden, CT 06517

Phone: 877-DR-STUFF • Fax: 203-785-8704

**Pad Product Options:**

4-1/4" w X 5-1/2" h (Vertical)

5-1/2" w X 4-1/4" h (Horizontal)

Each pad contains 100 sheets

Quantity:	Pricing
<input type="checkbox"/> 10 pads	\$ 79.00
<input type="checkbox"/> 20 pads	\$ 108.00
<input type="checkbox"/> 30 pads	\$ 162.00
<input type="checkbox"/> 40 pads	\$ 164.00
<input type="checkbox"/> 50 pads	\$ 205.00
<input type="checkbox"/> 60 pads	\$ 222.00

## ADDITIONAL PRESCRIBERS

Note: you are allowed up to 3 prescribers on a sheet . If you do not want the practice name, you allowed up to 4 prescribers.

Please Print Clearly

Clinic or Business Name \_\_\_\_\_

\*Prescriber 2 Name \_\_\_\_\_

Specialty \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone # \_\_\_\_\_ \*License# \_\_\_\_\_ DEA # \_\_\_\_\_

(If no DEA # is provided, we will leave a blank space for it to be written in)

\*Prescriber 3 Name \_\_\_\_\_

Specialty \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone # \_\_\_\_\_ \*License# \_\_\_\_\_ DEA # \_\_\_\_\_

(If no DEA # is provided, we will leave a blank space for it to be written in)

\*Prescriber 4 Name \_\_\_\_\_

Specialty \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone # \_\_\_\_\_ \*License# \_\_\_\_\_ DEA # \_\_\_\_\_

(If no DEA # is provided, we will leave a blank space for it to be written in)

Other ordering information: \_\_\_\_\_