

PRESCRIPTION PAD REORDER FORM

Date:
Account Number:
Practice Name:
Subscribers Name (if Different From Above):

Bill To:	Ship To: (if Different)
Address:	Address:
City: State: Zip:	City: State: Zip:
Contact Name:	Contact Name:
Title:	Title:
Email:	Email:
Phone: Fax:	Phone: Fax:
Signature:	Signature:

HEALTHCARE

Pad Type	ONE PART NO BACKER	ONE PART WITH ADDRESS BACKER	TWO PART NO BACKER	TWO PART WITH ADDRESS BACKER
MD/DO/DDS/VMD				
Physician Assistant				
Advanced Practice Nurse (APN)				
Certified Nurse Midwife				
Health Care Facility				

Please Check Box

Pads One Part	10 Pads	20 Pads	40 Pads	100 Pads
No Backer	<input type="checkbox"/> \$100	<input type="checkbox"/> \$138	<input type="checkbox"/> \$230	<input type="checkbox"/> \$469
With Backer	<input type="checkbox"/> \$140	<input type="checkbox"/> \$210	<input type="checkbox"/> \$332	<input type="checkbox"/> \$715

Please Check Quantity

Pads Two Part	10 Pads	20 Pads	40 Pads	100 Pads
No Backer	<input type="checkbox"/> \$138	<input type="checkbox"/> \$214	<input type="checkbox"/> \$269	<input type="checkbox"/> \$585
With Backer	<input type="checkbox"/> \$198	<input type="checkbox"/> \$247	<input type="checkbox"/> \$356	<input type="checkbox"/> \$835

Please Check Quantity

OPTOMETRIST

Pad Type	ONE PART NO BACKER	ONE PART WITH ADDRESS BACKER	TWO PART NO BACKER	TWO PART WITH ADDRESS BACKER
Optometrists without Eyewear Box				
Optometrists with Eyewear Box				

Please Check Box

Pads One Part	10 Pads	20 Pads	40 Pads	100 Pads
No Backer	<input type="checkbox"/> \$100	<input type="checkbox"/> \$138	<input type="checkbox"/> \$230	<input type="checkbox"/> \$469
With Backer	<input type="checkbox"/> \$140	<input type="checkbox"/> \$210	<input type="checkbox"/> \$332	<input type="checkbox"/> \$715

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Please Check Quantity

LASER FORMS

Laser Sheets	NO ADDRESS BACKER	WITH ADDRESS BACKER
500 Sheets	<input type="checkbox"/> \$165	<input type="checkbox"/> \$220
1000 Sheets	<input type="checkbox"/> \$220	<input type="checkbox"/> \$310
2000 Sheets	<input type="checkbox"/> \$358	<input type="checkbox"/> \$560
3000 Sheets	<input type="checkbox"/> \$434	<input type="checkbox"/> \$825

Please Check Quantity

FREIGHT

Pads	Cost	Laser Sheets	Cost
10	\$17.00	500	\$16.00
20	\$19.00	1000	\$19.00
40	\$34.00	2000	\$39.00
100	\$56.00	3000	\$56.00

Freight will be added to end of invoice

Please scan completed form and email to: info@aptconj.com