



American Security Rx
10755-F Scripps Poway Parkway #422
San Diego, CA 92131

www.americansecurityrx.com
Tel. 1-877-290-4262
Fax. 1-858-715-1520

OPSC Price List for the tamper-resistant California Security Prescriptions

(Does not include Tax and UPS shipping)

Single Format

50 Rx/pad		S-425-R1	S-800-R1
<u>#Rx</u>	<u>#Pads</u>	S-425-R3	S-800-R3
		<u>(4.25"x5.5")</u>	<u>(8"x 3.5")</u>
500	10	\$ 50	\$ 70
1000	20	\$ 75	\$ 95
2500	50	\$ 110	\$ 165

Carbon-less Duplicate Format

50 Rx/pad, 100 sheets total.

50 Rx/pad, 100 sheets total.		D-425-R1	D-800-R1
<u>#Rx</u>	<u>#Pads</u>	D-425-R3	D-800-R3
		<u>(4.25"x5.5")</u>	<u>(8"x 3.5")</u>
500	10	\$ 70	\$ 95
1000	20	\$ 95	\$ 120
2500	50	\$ 200	\$ 245

Pads have wrap-around cover and are stapled; Copy has imprint of the prescription.

Custom Full EMR Prescription Sheets for Laser Printers and 5000 quantity for all other scripts are 10% off

*Starting 1/1/05 all Controlled medications (Class II-V) should be written on the California Security prescriptions.

*Refills are allowed except for Schedule II medications.

*There are no expiration dates on the prescriptions.

*Please contact us for the price on quantities higher than 2500 prescriptions.

* There is a one-time \$10 set up fee for each additional entry for multiple providers and multiple locations.

* Logos can be added (\$25 set up fee).

* For 'RUSH' order pricing, please contact us.

* Prices are subject to change.



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OPSC Order Form for California Security Prescriptions (page 1)

Please Print

Check to print info on prescription ▼

*NAME:	
Medical Group/ Organization:	<input type="checkbox"/>
*Practice Address:	Check <input type="checkbox"/> to print
*Phone No:	
*DEA License #:	*CA License #:
E-mail Address:	<input type="checkbox"/>
Shipping Address: <small>(if different from practice address – specify if residential address)</small>	
Fax No:	Check <input type="checkbox"/> to print
<input type="checkbox"/> Multiple Providers <input type="checkbox"/> Multiple Addresses -Use 2 nd page to enter additional information	
*Name, Address, Phone #, DEA Lic #, & CA Lic # will be printed on the prescriptions.	

Office Contact information

Name: _____
Phone #: _____ **Fax #:** _____

WOULD YOU LIKE A PROOF BEFORE WE PRINT?

Please select California Security Rx Form, Size, Format and Quantity:

Form: S-form-Single 1-part D-form-Carbonless Duplicate 2-part
Rx Size: 425 (4.25"x5.5") 800 (8.0"x3.5")
Rx Format: R1- One Medication per Rx R3- Three Medications per Rx
(R1 has space to write one medication per prescription and R3 has space for three medications.)
Rx Quantity: 500 1000 2500 5000 (10% off regular pricing)
(For quantities larger than 5000 please contact American Security Rx)

(L110) Lasers: (10% off regular pricing) 500 1000 2500 5000

Payment with Credit Card or PO

Purchase Order #: _____ Visa MasterCard Discover Send Bill
Credit Card No: _____ **Expiration Date:** __/__/__ **Verification Code** _____
Billing Address (if different from practice address): _____

Signature: _____ **Date:** _____

*Please mail or fax your signed order form to American Security Rx.



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OPSC Order Form for California Security Prescriptions (page 2)

Multiple Providers: You can list multiple providers that have the same practice site on the same prescription. Please list the additional names with the license information.

8 on the S-425 & D-425

Please Print

Name 2:	
DEA License #:	CA License #:
Name 3:	
DEA License #:	CA License #:
Name 4:	
DEA License #:	CA License #:
Name 5:	
DEA License #:	CA License #:
Name 6:	
DEA License #:	CA License #:
Name 7:	
DEA License #:	CA License #:
Name 8:	
DEA License #:	CA License #:
Name 9:	
DEA License #:	CA License #:
Name 10:	
DEA License #:	CA License #:

Multiple Addresses: You can list multiple practice sites for the same provider on the same prescription for a 1 time set up fee of \$10 per additional provider and / or site.

4 on the S-425 & D-425

Address 2:
Address 3:
Address 4:
Address 5: