

## **Rx Prescription Pad Order Form**

www.rainbowprinting.ca

1 - 8 7 7 - 3 8 0 - 7 4 6 2

| рини     | ing                                    |      |   |
|----------|--|------|---|
| STEP     | CHOOSE YOUR LAYOUT                     | STEP | <u>·</u>  |
| _        | □ Vertical □ Horizontal                | 5    | nlease call for a custom anote  |
|          |  | \$   | <b>5</b> 00 \$150   |
|          |  |      | <b>1</b> 1000 \$165   |
|          |  |      | ☐ 1500 \$195  |
|          |  |      | ☐ 2000 \$230 ☐ OTHER  |
| STEP     | CHOOSE AN IMAGE                        |      | <b>2</b> 500 \$270  |
|          | □ None □ Customer Logo                 |      |   |
|          |  |      | Prices <u>do not</u> include Taxes or Design.   |
|          | R I                                    | STEP |   |
|          |  | 6    | Name:   |
| STEP     | NUMBERING                              |      | Email:  |
| 3        | Does your job require numbering?       |      |   |
|          |  | STEP | BILLING INFORMATION   |
| #        | ☐ Yes ☐ No                             | 7    | Mathad of Payment   |
|          | IF Yes, starting number:               |      | Method of Payment   |
|          |  | \$   | ☐ Cash ☐ Visa ☐ MasterCard  |
| STEP     | FILL IN THE INFORMATION FOR YOUR ORDER |      | Card#   |
| 4        | Designation to appear on Rx pad        |      | Exp / CIV:  |
| 0        | □ Doctor □ Institution                 |      | Signature:  |
|          | ☐ Nurse Practitioner                   |      | Shipping  |
| Please p | rint all letters and numbers clearly.  |      | ☐ Deliverto:  |
| Name:    |  |      |   |
| Title:   |  |      | □ Pick-up   |
| Address  |  |      |   |
|          |  |      | REQUIRE ADDITIONAL PRINTING?  |
| Phone:   | Fax:                                   |      | Please select the product and quantity you are looking for and we will contact you to provide you with a quote. |
| License  | #:                                     |      | Appointment Cards   250   |
|          |  |      | Envelopes $\square$ 500   |
| Email o  | r Fax Form to:                         |      | Letterhead 🗖 1000   |
| rain     | bow1@nbnet.nb.ca                       |      | Other   |
| 506      | · 4 3 3 - 2 8 9 4                      |      |   |