



American Security Rx

In order to ship Rx scripts to an address that differs from the address on the Dr's DEA license, we require a faxed copy of the Dr's DEA license with the following information appearing on the DEA copy:

1. Written instructions of where we are to ship the scripts to.
2. The Dr's signature written anywhere on the copy

Please note we are not able to ship scripts to a P.O. Box as the scripts require a signature upon delivery. Thank you.

American Security Rx • 10755-F Scripps Poway Pkwy. #422, San Diego, CA 92131
Tel. (877) 290-4262 • Fax (858) 715-1520 • www.americansecurityrx.com



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

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Tel. 1-877-290-4262

Fax. 1-877-290-4264

Order Form for California Security Prescriptions (page 1)

Please Print

To print info on prescription Check ☐ ▼

*NAME:		NPI # (OPTIONAL)
Medical Group/ Organization:		☐
*Practice Address:		
*Phone No:		
*DEA License #:	*CA License #:	
E-mail Address:		☐
Shipping Address: (if different from practice address – specify if residential address)		
Fax No:		☐
☐ Multiple Providers ☐ 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 #: _____

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

Form: ☐ S-form-Single 1-part ☐ D-form-Carbon-less duplicate 2-part

Rx Size: ☐ 425 (4.25"x5.5") ☐ 800 (8"x 3.5") ☐ 850 (8.5"x 5.5")

Rx Format: ☐ R1- Un-partitioned prescription ☐ R3- 3 Partitions per prescription
(R1 has space to write one medication per prescription and R3 has space for three medications.)

Rx Quantity: ☐ 100 (single 425 only) ☐ 500 ☐ 1000 ☐ 2500
 ☐ 5000 (For quantities larger than 5000 please contact American Security Rx)

Lasers (L110): ☐ 500 ☐ 1000 ☐ 2500 ☐ 5000

* ☐ **Rush Order** (2-3 Business days) – Add. \$25 fee for quantities 100-500, \$50 for 1000- 10,000
Please call to confirm status

Payment with Credit Card or PO

Purchase Order #: _____ Check # _____ ☐ Visa ☐ MasterCard ☐ Discover

Credit Card No: _____

Expiration Date: _____ Card Security Code _____

Billing Address (if different from practice address): _____

Billing Email: _____

Signature: _____ Date: _____

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



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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. Mail or fax with a signed DEA license for each provider.

4 on the S-425 & D-425 12 on the S-800 and D-800 20 on S-850 and D-850

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.

2 on the S-425 & D-425 4 on the S-800 and D-800 8 on S-850 and D-850

Please include the Tel # and/or Fax # for each additional address if you want it to be printed.

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

PAIN MANAGEMENT & REHAB MEDICAL GROUP, INC
123456 Lake Chabot Rd. Castro Valley, CA 94546
Tel. (510) 123-5455 Fax (510) 123-3456

R₁

QUANTITY:

☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-1
☐ 101-150 ☐ 151 & OVER
☐ _____ Unit(s) ☐ Do not substitute

Refills 0 - 1 - 2 - 3 - 4 - PRN

R₂

QUANTITY:

☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-1
☐ 101-150 ☐ 151 & OVER
☐ _____ Unit(s) ☐ Do not substitute

Refills 0 - 1 - 2 - 3 - 4 - PRN

R₃

QUANTITY:

☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-1
☐ 101-150 ☐ 151 & OVER
☐ _____ Unit(s) ☐ Do not substitute

Refills 0 - 1 - 2 - 3 - 4 - PRN

R₄

QUANTITY:

☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-1
☐ 101-150 ☐ 151 & OVER
☐ _____ Unit(s) ☐ Do not substitute

Refills 0 - 1 - 2 - 3 - 4 - PRN

John M. Smith, M.D. CA Lic. A12341 DEA BQ123456

CIRCLE NUMBER OF ITEMS PRESCRIBED 1 2 3 4

No Refills allowed for Schedule II

Prescription is void if the number of drugs is not noted

SP-9/ www.americansecurityrx.com Tel. 877-390-4262

X _____ Date _____

Serial # A23802



Security features are listed on back Valid Rx has blue-gray background on white paper



**ASRX Price List for the tamper-resistant
California Security Prescriptions**
(Does not include Tax and UPS shipping)

Single Format (50 Rx per Pad)

<u>#Rx</u>	<u>#Pads</u>	<u>425 (4.25"x 5.5")</u>	<u>800 (8"x 3.5")</u>	<u>850 (8.5"x 5.5")</u>
100	2	\$ 45	---	---
500	10	\$ 70	\$ 110	\$ 150
1,000	20	\$ 110	\$ 160	\$ 200
2,500	50	\$ 195	\$ 225	\$ 275
5,000	100	\$ 295	\$ 325	\$ 350

Carbon-less Duplicate Format (50 Rx per Pad, 100 sheets total)

<u>#Rx</u>	<u>#Pads</u>	<u>425 (4.25"x 5.5")</u>	<u>800 (8"x 3.5")</u>	<u>850 (8.5"x 5.5")</u>
500	10	\$ 115	\$ 150	\$ 200
1,000	20	\$ 175	\$ 200	\$ 250
2,500	50	\$ 295	\$ 350	\$ 450
5,000	100	\$ 475	\$ 500	\$ 600

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

Laser Printer Format

<u>#Rx</u>	<u>L-110 (8.5 x 11)</u>
500	\$ 115
1,000	\$ 195
2,500	\$ 315
5,000	\$ 450

Suitable for laser printers. Available in single sheet.

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- * Starting 1/1/05 all Controlled medications (Class II-V) must 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 5000 prescriptions.
 - * There is a one-time \$10 set up fee for each additional entry for multiple providers and multiple locations.
 - * Logos can be added with a one-time set up fee of \$25.
 - * Prices are subject to change.