Kwikie Bee Ridge

4448 Bee Ridge Road Sarasota, FL 34233

Counterfeit-Proof Rx Order Form

Phone: 941.377.8070 Fax: 941.377.5328

Orde	er Contac	t Kwikie Bee F	Ridge respec	ts you and your	patients' right to	privacy. C	Customer	information is nev	ver share	d or sold to	third parties.	
Order Contact Kwikie Bee Ridge respects you and your patient Practice Name/Location: Address:						City/State/Zip:						
Office Pho	one	Offic	ce Fax		Contact			_ E-mail Address				
				N	EW ORD	FR						
Pad	Imprint (Please type or p	rint wording				l requests	or information ca	an be add	led on a sep	parate page)	
	f Clinic/Healthcare											
Name of Prescriber:									Degree	e(s):		
DEA Nu	mber:			(🗆 Leave sp	ace/Do not print)	Lic	ense Nur	mber:				
	ddress:											
	ne Number:											
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- -	t Daw t - t			NE	PEAT OR			:			- d \	
	act Repeat of	-						include char	iges or	i a secor	ia page)	
	of Clinic/Healt											
	Address											
	umber (locate)!-		
One Part Secure Pads (100 Scripts/pad) Two Part Secure Pa (50 Scripts/pad)							(1	Imprinta aser RX Stoo			١	
Order	# of pads	Price/pad	Order	# of pads	Price/pad	5½"	(∟ x 8½"	aser na Stot		коп # S " x 11")	
	6	5.85		6	7.35		250	35.00		250	47.00	
	10	5.05		12	6.80		500	49.00		500	72.00	
	20	4.25		24	6.25		1000	76.00		1000	124.00	
	40	3.75		48	6.00		2000	129.00		2000	230.00	
	80	3.55		96	5.30		3000	183.00		3000	336.00	
Free	Delivery t				Park to the No Handling o				ntosh & l	JS 41 to th	ne South)	
Billir	ng											
S	C.O.D. Sarasota Delivery Area Only Make Checks payable to: Kwikie Bee Ridge						Credit Card Your order will be billed to your credit card when received. Visa, Mastercard & Discover are accepted					
	lumber:										'	
	ate (MM/YY):											
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Name is it appears on Card (Print): Billing Address:												
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ardho	older Signatur	e:										