Kwikie Bee Ridge

Counterfeit-Proof Rx Order Form

4448 Bee Ridge Road
Sarasota, FL 34233

Phone: 941.377.8070
Fax: 941.377.5328

Order Contact

Kwikie Bee Ridge respects you and your patients' right to privacy. Customer information is never shared or sold to third parties.

Practice Name/Location: _____ Address: _____ City/State/Zip: _____

Office Phone _____ Office Fax _____ Contact _____ E-mail Address _____

NEW ORDER

Pad Imprint

(Please type or print wording exactly as you wish it to appear. Additional requests or information can be added on a separate page)

Name of Clinic/Healthcare Provider: _____

Name of Prescriber: _____ Degree(s): _____

DEA Number: _____ (❑ Leave space/Do not print) License Number: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

REPEAT ORDER

❑ **Exact Repeat of previous order** ❑ **With Changes *(include changes on a second page)***

Name of Clinic/Healthcare Provider: _____

Street Address _____ City/Zip _____

KBR number (located on the bottom left of your script) _____

One Part Secure Pads
(100 Scripts/pad)

Order	# of pads	Price/pad
❑	6	6.20
❑	10	5.35
❑	20	4.55
❑	40	4.05
❑	80	3.85

Two Part Secure Pads
(50 Scripts/pad)

Order	# of pads	Price/pad
❑	6	7.90
❑	12	7.25
❑	24	6.70
❑	48	6.40
❑	96	5.65

Laser RX Sheets
(Includes Florida Identifier #)

5½" x 8½"		8½" x 11"	
❑ 250	36.50	❑ 250	49.00
❑ 500	51.00	❑ 500	79.00
❑ 1000	79.00	❑ 1000	133.00
❑ 2000	133.00	❑ 2000	237.00
❑ 3000	188.50	❑ 3000	348.00

Free Delivery to Sarasota Area. (University Park to the North and the Intersection of McIntosh & US 41 to the South)
Call for Shipping & Handling costs outside of area.

Billing

❑ **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, American Express & Discover are accepted.

Card Number: _____

Exp. Date (MM/YY): _____ C.I.D. _____

Name is it appears on Card (Print): _____

Billing Address: _____ City/State/Zip: _____

Cardholder Signature: _____