

# ORDER FORM

## HEALTHCARE PHARMACY

Phone: 501-888-7514

Fax: 501-888-7504

FACILITY NAME: \_\_\_\_\_

ADDRESS: NO POST OFFICE BOXES \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(PLEASE CHECK BELOW ↓ THE BOOK AND QUANTITY BEING ORDERED)

CONTROLLED SUBSTANCES BOOK                      QUANTITY \_\_\_\_\_  
(RED/HARDBOUND/250 NUMBERED PAGES  
PLUS SHIFT COUNT PAGES)

RECORD OF DRUGS ORDERED/RECEIVED      QUANTITY \_\_\_\_\_  
(PERMANENTLY BOUND/SOFT SIDED/  
140 PAGES)

RECORD OF DRUGS DESTROYED                      QUANTITY \_\_\_\_\_  
(PERMANENTLY BOUND/SOFT  
SIDED/50 NUMBERED PAGES)

UPS GROUND SHIPPING CHARGES APPLY TO ALL ORDERS.

*Thank you for your order!*