

# PEN Publications Order Form

Item	Format (2-part, Spanish, etc.)	Quantity	Price

**Shipping, handling, and tax** will be added to each order. (Tax added for California only.)  Please fax a total to me.

Practice \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

I am a PEN member,  
bill my PEN account # \_\_\_\_\_

**Credit Card Information:**

Name on Card \_\_\_\_\_

I will pay by check  
(order will not ship until check is received)

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bill my credit card:  Visa  MasterCard  
Complete credit card information at right.

Billing Address \_\_\_\_\_

\_\_\_\_\_

**Imprinting Information for Superbill & Rx Pad Orders Only:** Please type or print clearly.  
For special instructions (i.e., multiple doctors and addresses), please fax additional sheet with information.

*The following imprinting information is optional;  
please indicate only the information you would like included on your personalized forms.*

**Superbill Orders:**  1-Part Padded

3-Part NCR

License # \_\_\_\_\_

UPIN # \_\_\_\_\_

Tax ID # \_\_\_\_\_

Medicare # \_\_\_\_\_

NPI \_\_\_\_\_

Other Provider \_\_\_\_\_

Sequential Numbering (if required) Starting # \_\_\_\_\_

**Rx Pad Order:**  1-Part Colored Paper

2-Part NCR

Doctor \_\_\_\_\_

License # \_\_\_\_\_

DEA # \_\_\_\_\_

**A proof will be faxed for your approval to** (fax number) \_\_\_\_\_

**Fax completed form to PEN at 925-838-9338.**