

# 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 \_\_\_\_\_

**Payment:**

- I am a PEN member, bill my PEN account # \_\_\_\_\_
- I will pay by check. An invoice, including shipping, handling, and tax (if applicable), will be sent to you. Your order will ship as soon as we receive your check; please include a copy of the invoice.
- Bill my credit card. For security purposes, you will be contacted at the phone number listed above for your credit card information.

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

Tax ID # \_\_\_\_\_ Other Provider \_\_\_\_\_

NPI \_\_\_\_\_

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) \_\_\_\_\_

**Return completed form to PEN by fax - 925-838-9338 or email - info@PrimarEye.net**

Primary Eyecare Network / 1750 No Loop Road Suite 150, Alameda, CA 94502 / Tel 800-444-9230