

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@PrimaryEye.net