



# RxPads Signature Confirmation Form

## Florida

To: Rxpads.com

**Fax To: 800.893.0177**

**Email To: info@rxpads.com**

Phone: 800.307.7717

From:

Date:

ORDER NUMBER:

*Per Florida Requirements and Qualifications:*

**All prescription pad/blank stock orders from the state of Florida must be accompanied by a signature, date and printed name of the authorized licensed medical prescriber.**

Please note we cannot process your order until this is received by fax, email, or mail. Thank-you

**Prescriber's Name (Printed)** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_