

Script Order Form



Return this form to the:

McLaren Flint Marketing Department, Ground Floor or fax: (810) 342-4479

Minimum order is 4 pads per physician; maximum order is 20 pads per physician.

1 Part (100 scripts per pad) 2 Part (50 scripts per pad) Number of pads _____

Finishing Option: 2 Hole Drilling at Top script has changes (increments of 4)

Name of Office →
Physician/PA Name →
and NPI# for each
Address →
Office Phone # →

← # to start
scripts at
All scripts must be
numbered
← Office Fax #

Name: _____ Date: _____

Address: _____

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*Script pads are
always printed
on paper stock
that meets the
criteria for security
requirements.*

GEQ ONLY Refill _____ times **NR**

MMMI # →

DELIVERY INFORMATION:	NAME OF MANAGER ORDERED BY (First and Last Name and phone number)*:		* Please list e-mail if not listed in Groupwise.	DATE:
	DELIVER TO (Name of office and address):			Department Number (Account to be billed):