



RxPads Signature Confirmation Form

Kentucky

To: Rxpads.com

Fax To: 800.893.0177

Email To: info@rxpads.com

Phone: 800.307.7717

From:

Date:

ORDER NUMBER:

Per Kentucky Requirements and Qualifications:

All prescription pad/blank stock orders from the state of Kentucky 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** _____