



## 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 orders for the State of Kentucky must be accompanied by a signature, date, and printed name of one of the prescribers printed on the pad. If blank stock, the signature must match the provider's DEA that was supplied to us on the order.**

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** \_\_\_\_\_