



## Print Application for Tamper Proof Prescription Forms as required for Medicare and Medicaid

Please fill out one form for each Licensee even if they are to be  
on the same pad.

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name/Licensure \_\_\_\_\_ Lic. # \_\_\_\_\_

NPI # "Required" \_\_\_\_\_ DEA / Fed Reg. # \_\_\_\_\_

Signature of Licensure \_\_\_\_\_

**Please fill out top portion and return to Business Printing**

### Business Printing Use Only

NPI # Verification By: \_\_\_\_\_  
name date

Date \_\_\_\_\_ Time \_\_\_\_\_