



PRODUCTS ORDER FORM

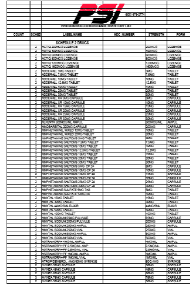
For Office Use Only:

SHIPPED DATE: _____

(ITEM #1) **Controlled Substance Inventory Sheet**
Michigan law requires an annual inventory of controlled substances to be completed not more than 30 days prior to May 1 and no later than 60 days after May 1.

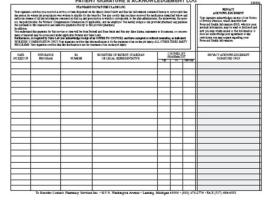
Your copy must be submitted to the state between April 1 and June 30.

Unit Price (for 1 list)\$35.00
Unit Price (for 2 lists)\$65.00



(ITEM #2) **Patient Signature Logbook**
This form combines the log for third party prescriptions, counsel by pharmacist and acknowledgement of receipt of your notice of privacy practices for HIPAA compliance.

Unit Price - 500 sheets or 21,000 signatures (each)\$43.50
Unit Price - 1,000 sheets or 42,000 signatures (each)\$79.50

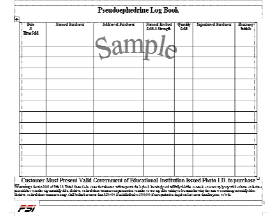


(ITEM#3) **Pseudoephedrine Logbook**

The federal regulation Combat Methamphetamine Epidemic Act of 2005 requires retailers to track the sale of products containing pseudoephedrine (PSE), ephedrine (EPH) and phenylpropanolamine (PPA) by using a specially designed logbook.

To assist you with compliance, **Pharmacy Services Inc.** has developed a pseudoephedrine logbook for retailers that meets federal requirements, and Michigan and Ohio state requirements.

Unit Price (each)\$11.95



Ordering is as easy as 1-2-3

1 PRODUCT INFORMATION

<u>Checked Item(s) # from Above</u>	<u>Item(s) Quantity</u>	<u>Unit Price from Above</u>	<u>Item(s) Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping, handling and Michigan sales tax: Included

Order Total:

2 SHIPPING INFORMATION

Orders are typically shipped within two business days of receiving payment.

Contact Name: _____ Phone: _____ Fax: _____
 Pharmacy Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____ (required for update information)

3 PAYMENT INFORMATION

Payment via: Check Mail completed form and check to: Pharmacy Services Inc., 408 Kalamazoo Plaza, Lansing, MI 48933
 Payment via: Credit Card Fax completed form to: (517) 484-4893 Visa MasterCard
 Card Number: _____ Expiration Date: _____
 Security Code (three numbers on back of card): _____ Cardholder's Name: _____
 Cardholder's Signature: _____ Order Date: _____