Texas Pain Society

PATIENT CARE • EDUCATION • SERVICE • RESEARCH

2016 CONTROLLED SUBSTANCE RECORD BOOK – ORDER FORM

Please print or type all information

Company Name: _____ Contact Name: _____

Phone: _____/Fax: _____Email: _____

Contact Mailing Address: _____

City/State/Zip: _____

Controlled Substance Record Book – **($55 TPS Member)** Number of copies _____ Total = $_____
(price includes shipping)

Controlled Substance Record Book – **($65 Non Member)** Number of copies _____ Total = $_____
(price includes shipping)

_____

Payment Information – books are shipped within 3 business day of receipt of order

Total: $_____ [ ] Check # _____

[ ] Credit Card #_____

Name on card:_____

Expiration Date: _____ / 3 Digit CVS Code: _____

Signature:_____

Please submit order form by any of the following methods to TPS:
Email: kkdurapau@texaspain.org |Fax: 866-235-2557
P.O. Box 201363| Austin, Texas 78720
Questions? 512-535-0010

Texas Pain Society Office Use

Date Received _____ Payment Received _____ Approved_____

Notes: _____