



2009 CONTROLLED SUBSTANCE RECORD BOOK – ORDER FORM

Please print or type all information

CONTACT INFORMATION

Company Name: _____ Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact Mailing Address: _____

City/State/Zip: _____

Email: _____ Website: _____

ORDERING INFORMATION

Controlled Substance Record Book - \$35 per book *(includes shipping)*

#of copies: _____

PAYMENT INFORMATION

Payment Amount: \$ _____ Check # _____

Please charge my credit card VISA MC AMEX DISCOVER

Credit Card #: _____ Exp. Date: _____

Signature: _____

Please submit form by any of the following methods to TPS:

Email: bwatt@texaspain.org

Fax: 866-235-2557

Mail: P.O. Box 201413, Austin, Texas 78720-1413

Texas Pain Society Office Use

Date Received _____ Payment Received _____ Approved _____

Notes: _____