



2019 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) <i>(price includes shipping)</i>	Number of copies _____	Total = \$ _____
Controlled Substance Record Book – (\$65 Non Member) <i>(price includes shipping)</i>	Number of copies _____	Total = \$ _____

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: kdurapau@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: _____