

Tennessee Pharmacists Association PATIENT COUNSELING LOG ORDER FORM

Information entered below will be used to update your information in the TPA database.

FULL NAME: _____
 PREFERRED/CALL-BY NAME: _____ TN LICENSE NO.: _____
 PLACE OF EMPLOYMENT: _____ STORE NO.: _____
 WORK ADDRESS: _____
 HOME ADDRESS: _____
 SHIP LOG(S) TO (not a P.O. Box): ___Work ___Home PREFERRED ADDRESS FOR TPA MAIL: ___Work ___Home
 BUSINESS PHONE: _____ HOME PHONE: _____
 CELL PHONE: _____ FAX: _____
 PRIMARY EMAIL: _____
 ALTERNATE EMAIL: _____

<u>Qty.</u>	<u>Item Description</u>	<u>Price Per Log</u>	<u>Subtotal</u>	<u>Tax*</u> (9.25%)	<u>Shipping</u>	<u>SUBTOTAL</u>
_____	5x7 Patient Counseling Logs (1-4)	\$10.75	\$_____	\$_____	\$4.75	\$_____
_____	5x7 Patient Counseling Logs (5-9)	\$9.75	\$_____	\$_____	\$6.75	\$_____
_____	5x7 Patient Counseling Logs (10+)	\$8.75	\$_____	\$_____	\$7.75	\$_____
_____	Patient Counseling Record/ 3rd Party Rx Log (1-4)	\$11.95	\$_____	\$_____	\$2.50	\$_____
_____	Patient Counseling Record/ 3rd Party Rx Log (5-9)	\$10.95	\$_____	\$_____	Included	\$_____
_____	Patient Counseling Record/ 3rd Party Rx Log (10+)	\$9.95	\$_____	\$_____	Included	\$_____
* Attach certificate if tax exempt.						TOTAL AMOUNT OF ORDER \$_____

METHOD OF PAYMENT (must accompany order):

- Check payable to TENNESSEE PHARMACISTS ASSOCIATION
 Credit/Debit Card: MasterCard Visa AmEx

Name as It Appears on Card (please print): _____

Card Number: _____

Billing Address: _____

Expiration Date: _____

Security Code: (see box at right) _____

Signature: _____

Security Code: 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of American Express

Please FAX to 615-255-3528 or 800-214-2256
 or MAIL to TPA, 500 Church St., Suite 650, Nashville, TN 37219.
If you have questions, please call TPA at 615.256.3023.