

# ORDER FORM

## Scheduled Listed Chemical Product Sales Record and Logbook

- *Ephedrine, Pseudoephedrine, and Phenylpropanolamine* •

for compliance with the

### **Combat Methamphetamine Epidemic Act of 2005, Methamphetamine Production Prevention Act of 2008 and Meth-Free Tennessee Act of 2005**

This Tennessee Pharmacists Association publication satisfies both state and federal recordkeeping requirements for the sale of methamphetamine, including the Meth-Free Tennessee Act of 2005 (MFTA), the federal Combat Methamphetamine Epidemic Act of 2005 (CMEA), and the federal Methamphetamine Production Prevention Act of 2008. **In order for pharmacies to be in compliance with both sets of regulations, ALL information requested in the *Sales Record and Logbook* must be obtained for ALL over-the-counter sales of ephedrine, pseudoephedrine, and phenylpropanolamine.**

The *Scheduled Listed Chemical Product Sales Record and Logbook* is legal-sized, spiral bound, and accommodates records of 1,000 sales.

Full Name: \_\_\_\_\_

Preferred/Call-by Name: \_\_\_\_\_ License No. \_\_\_\_\_

TPA Membership Receipt Number: \_\_\_\_\_ OR \_\_\_ Not a TPA Member

Place of Employment: \_\_\_\_\_ Store No. \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Shipping Address (not a P.O. Box): \_\_\_ Work \_\_\_ Home Preferred Address for TPA Mail: \_\_\_ Work \_\_\_ Home

Primary E-mail Address: \_\_\_\_\_

Alternate E-mail Address: \_\_\_\_\_

• *TPA Member:*  
\_\_\_\_ copies @ \$15.00 per book \$ \_\_\_\_\_

• *TPA Nonmember:*  
\_\_\_\_ copies @ \$25.00 per book \$ \_\_\_\_\_

• Sales Tax: 9.25% or \_\_\_ Exempt \$ \_\_\_\_\_  
**ATTACH CERTIFICATE IF EXEMPT**

• Shipping/Handling: \$6.00 per book \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*The contact information you provide on this form will be used to update your record in the TPA database.*

\_\_\_ Check enclosed, payable to TPA \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AmEx

Card Number \_\_\_\_\_

Security Code\* \_\_\_\_\_ \* Security Code (required): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

**FAX:** 615-255-3528

**MAILING ADDRESS:**

TPA  
500 Church Steet, Suite 650  
Nashville, TN 37219

**Questions?**  
Call TPA, 615-256-3023.