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RX Products  
 You Know and Trust

## FLORIDA EMR SHEETS TAMPER RESISTANT "BLANK" 8½" X 11" RX PAPER

TAMPER RESISTANT SCRIPTS

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

Ship to: \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_

Email Address \_\_\_\_\_

Shipping address different than Script address, please list on separate sheet.

**\*\*\* Please CHECK the amount you want to order \*\*\***

PLEASE CHECK THE AMOUNT YOU WANT TO ORDER					
8 1/2 x 11 Tamper Resistant EMR Paper to be Used with Your Printer					
# of Sheets	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
	\$154.00	\$264.00	\$496.00	\$805.00	\$1398.00
Sales Tax	10.78	18.41	34.72	56.35	97.86
S/H	20.95	23.25	61.55	117.85	228.50
<b>Total</b>	<b>\$185.73</b>	<b>\$ 305.66</b>	<b>\$592.27</b>	<b>\$979.20</b>	<b>\$1724.36</b>

\*\*If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

If you are a new client, for security reasons, please fax a current copy of your DEA or Medical License with your EMR order form.

DISC     AMEX    EXPIRY DATE \_\_\_\_\_  
 VISA     M/C    NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

\* Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.  
 Address \_\_\_\_\_ Zip \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**If mailing a CHECK for payment, please make check payable to: Minuteman Press**

*Shipped Within 2-3 Days From Receipt Of Order & Payment.*