Minuteman Press
WE DESIGN, PRINT & PROMOTE...YOU!

RX Products
You Know and Trust

983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050
Fax: 800-500-3060 • Local Fax: 772-567-4609

HAWAII PRESCRIPTION PAD ORDER FORM

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

For multiple locations/providers, please attach a second sheet with enlarged script sample or written out instructions.

TAMPER RESISTANT SCRIPTS

1 DEA# _____ (only if you want preprinted on scripts)

2 LIC# _____ *(Only if you want preprinted on scripts)* 3 NPI# _____ *(Only if you want preprinted on scripts)*

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (_____) _____ 10 Fax (_____) _____ *(Only if you want preprinted on scripts)*

TAMPER RESISTANT SCRIPTS

☐ Shipping address different than Script address, *please list on seperate sheet.*

*** Please CIRCLE IN INK the amount you want to order ***

	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	**4**	**10**	**20**	**30**	**40**	**50**	**100**	**4**	**10**	**20**	**30**	**40**	**50**	**100**
	$58.00	93.00	110.00	146.00	169.00	206.00	307.00	92.00	135.00	205.00	245.00	284.00	352.00	549.00
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
S/H	48.95	55.95	65.95	75.75	79.25	99.75	145.95	48.95	55.95	65.95	75.75	79.25	99.75	145.95
Total	**$131.95**	**$173.95**	**$200.95**	**$246.75**	**$273.25**	**$330.75**	**$477.95**	**$165.95**	**$215.95**	**$295.95**	**$345.75**	**$388.25**	**$476.75**	**$719.95**

Contact _____ **Phone** _____

Email Address: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT

☐ 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