



**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

**WYOMING APPROVED FOR SCHEDULE II-V PRESCRIPTION PAD ORDER FORM**  
**THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.**

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

TAMPER RESISTANT SCRIPTS

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

2 LIC# \_\_\_\_\_ 3 NPI# \_\_\_\_\_  
(Only if you want preprinted on scripts) (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 (\_\_\_\_\_) \_\_\_\_\_  
 Shipping address different than Script address, please list on seperate sheet. (Only if you want preprinted on scripts)

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM)								*2-PART SCRIPTS PADS (HOLOGRAM)						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$163.00	\$216.00	\$273.00	\$330.00	\$392.00	\$455.00	\$816.00	\$250.00	\$346.00	\$458.00	\$564.00	\$622.00	\$702.00	\$1184.00
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	19.35	21.25	24.75	29.75	31.90	38.75	62.95	24.30	25.85	30.45	37.55	53.65	59.95	77.85
<b>Total</b>	<b>\$207.35</b>	<b>\$262.25</b>	<b>\$322.75</b>	<b>\$384.75</b>	<b>\$448.90</b>	<b>\$518.75</b>	<b>\$903.95</b>	<b>\$299.30</b>	<b>\$396.85</b>	<b>\$513.45</b>	<b>\$626.55</b>	<b>\$700.65</b>	<b>\$786.95</b>	<b>\$1286.85</b>

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**