



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

RX Products
 You Know and Trust

**SEQUENTIALLY
 NUMBERED**

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

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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 (_____) _____
(Only if you want preprinted on scripts)

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

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

Qty	SINGLE SHEET SCRIPT PADS (Numbered)							*2-PART SCRIPT PADS (Numbered)						
	Single Scripts = 100 sheets per pad							*2-Part = 50 Original scripts and 50 blanks copy sheets						
	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$108.00	\$144.00	\$184.00	\$229.00	\$271.00	\$318.00	\$560.00	\$139.00	\$166.00	\$219.00	\$301.00	\$374.00	\$425.00	\$834.00
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	19.45	21.30	24.25	29.95	32.60	36.40	53.25	20.85	23.95	28.25	32.65	39.50	42.95	73.95
Total	\$152.45	\$190.30	\$233.25	\$283.95	\$328.60	\$379.40	\$638.25	\$184.85	\$214.95	\$272.25	\$358.65	\$438.50	\$492.95	\$932.95

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**