



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050  
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RX Products  
 You Know and Trust

## 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							*2-PART SCRIPT PADS						
	Single Scripts = 100 sheets per pad							*2-Part = 50 Original scripts and 50 blanks copy sheets						
	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	18.35	19.95	20.75	22.95	25.25	28.75	46.95	19.95	20.85	23.35	26.75	30.25	38.95	51.85
<b>Total</b>	<b>\$101.35</b>	<b>\$137.95</b>	<b>\$155.75</b>	<b>\$193.95</b>	<b>\$219.25</b>	<b>\$259.75</b>	<b>\$378.95</b>	<b>\$136.95</b>	<b>\$180.85</b>	<b>\$253.35</b>	<b>\$296.75</b>	<b>\$339.25</b>	<b>\$415.95</b>	<b>\$625.85</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**