



WE DESIGN, PRINT & PROMOTE... YOU!

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RX Products
You Know and Trust

FLORIDA PRESCRIPTION PAD ORDER FORM

SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

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.

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
7% tax	5.81	8.26	9.45	11.97	13.58	16.17	23.24	8.19	11.20	16.10	18.90	21.63	26.39	40.18
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85	20.50	22.75	24.75	27.50	39.25	31.65	48.85
Total	\$108.06	\$146.76	\$166.40	\$207.62	\$234.03	\$275.67	\$401.09	\$145.69	\$193.95	\$270.85	\$316.40	\$369.88	\$435.04	\$663.03

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

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.

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**