



**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

**TAMPER RESISTANT SHEETS TO USE WITH EHR/EMR  
"BLANK" 8 1/2" X 11" RX PAPER**

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

Name on Credit Card \_\_\_\_\_

Ship to: \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Contact \_\_\_\_\_

Email Address \_\_\_\_\_

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

PLEASE CHECK THE AMOUNT YOU WANT TO ORDER					
8 1/2 x 11 BLANK Tamper Resistant EMR Paper to be Used with Your Printer					
# of Sheets	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000
	\$109.00	\$198.00	\$355.00	\$559.00	\$959.00
S/H	26.95	39.95	96.55	195.25	335.75
<b>Total</b>	<b>\$135.95</b>	<b>\$ 237.95</b>	<b>\$451.55</b>	<b>\$754.25</b>	<b>\$1294.75</b>

If you are a new client, for security reasons, please fax a current copy of your DEA or Medical License with your EMR order form.

DISC  AMEX  VISA  M/C NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

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 in a CHECK for payment, please make check payable to: **Minuteman Press**

Shipped Within 2-3 Days From Receipt Of Order & Payment.