



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

## 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.

TAMPER RESISTANT SCRIPTS

TAMPER RESISTANT SCRIPTS

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
<b>Total</b>	<b>\$108.06</b>	<b>\$146.76</b>	<b>\$166.40</b>	<b>\$207.62</b>	<b>\$234.03</b>	<b>\$275.67</b>	<b>\$401.09</b>	<b>\$145.69</b>	<b>\$193.95</b>	<b>\$270.85</b>	<b>\$316.40</b>	<b>\$369.88</b>	<b>\$435.04</b>	<b>\$632.03</b>

\*\*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**