



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

GEORGIA NON-SCHEDULE II PRESCRIPTION PAD ORDER FORM

**THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT
CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.**

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

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 (_____) _____

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

(Only if you want preprinted on scripts)

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM)								*2-PART SCRIPTS PADS (HOLOGRAM)						
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	\$173.00	\$221.00	\$284.00	\$340.00	\$397.00	\$460.00	\$821.00	\$260.00	\$351.00	\$463.00	\$569.00	\$627.00	\$707.00	\$1189.00
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	19.75	21.15	22.25	24.95	26.45	28.95	45.25	20.75	22.95	24.25	29.85	33.65	35.75	57.60
Total	\$217.75	\$267.15	\$331.25	\$389.95	\$448.45	\$513.95	\$891.25	\$305.75	\$398.95	\$512.25	\$623.85	\$685.65	\$767.75	\$1271.60

Georgia Scripts will have State Seal

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**

Visit us at RxMinutemanPress.com

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