



**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 seperate 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
	\$163.00	\$216.00	\$279.00	\$330.00	\$392.00	\$455.00	\$816.00	\$250.00	\$346.00	\$458.00	\$564.00	\$622.00	\$702.00	\$1184.00
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	23.25	29.85	33.65	35.75	57.60
<b>Total</b>	<b>\$207.75</b>	<b>\$262.15</b>	<b>\$325.25</b>	<b>\$379.95</b>	<b>\$443.45</b>	<b>\$508.95</b>	<b>\$886.25</b>	<b>\$295.75</b>	<b>\$393.95</b>	<b>\$506.25</b>	<b>\$618.85</b>	<b>\$680.65</b>	<b>\$762.75</b>	<b>\$1266.60</b>

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 SECURITY CODE \_\_\_\_\_  
 NUMBER \_\_\_\_\_

\* 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**