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RX Products  
You Know and Trust

## FLORIDA EMR SHEETS TAMPER RESISTANT "BLANK" 8½" X 11" RX PAPER

TAMPER RESISTANT SCRIPTS

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

Ship to:

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

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

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

Contact \_\_\_\_\_

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

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

\*\*\* Please CHECK(☒) IN INK the amount you want to order \*\*\*

### PLEASE CHECK THE AMOUNT YOU WANT TO ORDER 8 1/2 x 11 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
	\$195.00	\$300.00	\$600.00	\$990.00	\$1800.00
Sales Tax	13.65	21.00	42.00	69.30	126.00
S/H	21.95	25.25	62.55	119.85	229.50
<b>Total</b>	<b>\$230.60</b>	<b>\$ 346.25</b>	<b>\$704.55</b>	<b>\$1179.15</b>	<b>\$2155.50</b>

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

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

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**

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

Visit us at [RxMinutemanPress.com](http://RxMinutemanPress.com)

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