



**Rx Products**  
**You Know and Trust**

983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050  
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**FLORIDA EMR SHEETS**  
**TAMPER RESISTANT "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 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
	\$124.00	\$219.00	\$408.00	\$609.00	\$1069.00
7% tax	8.68	15.33	28.56	42.63	74.83
S/H	16.65	18.85	56.85	110.75	218.35
<b>Total</b>	<b>\$149.33</b>	<b>\$ 253.18</b>	<b>\$493.41</b>	<b>\$762.38</b>	<b>\$1362.18</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  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.