Minuteman Press®
WE DESIGN, PRINT & PROMOTE...YOU!

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

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

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 seperate sheet.*

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

	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							***2-PART SCRIPT PADS** *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	8	24	32	40	48	96	4	8	24	32	40	48	96
	$78.00	$98.00	$120.00	$151.00	$174.00	$211.00	$320.00	$102.00	$140.00	$240.00	$281.00	$315.00	$365.00	$574.00
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
Sales Tax	7.21	8.61	10.15	12.32	13.93	16.52	24.15	8.89	11.55	18.55	21.42	23.80	27.30	41.93
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
Total	$129.46	$152.11	$177.10	$212.97	$244.02	$281.02	$415.00	$156.39	$199.30	$308.30	$345.92	$403.05	$448.95	$689.78

**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