



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050

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RX Products  
You Know and Trust

## WYOMING APPROVED FOR SCHEDULE II-V PRESCRIPTION PAD ORDER FORM

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

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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 (\_\_\_\_\_) \_\_\_\_\_  
(Only if you want preprinted on scripts)

☐ Shipping address different than Script address, please list on separate 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	291.00	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
S/H	19.00	21.00	23.75	30.50	33.75	35.50	55.50	21.00	25.75	28.50	35.50	45.00	53.50	62.75
Total	\$122.00	\$144.00	\$168.75	\$206.50	\$232.75	\$271.50	\$440.50	\$148.00	\$190.75	\$293.50	\$351.50	\$385.00	\$443.50	\$661.75

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](http://RxMinutemanPress.com)

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