



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
THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT
CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

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.

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)

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM)								*2-PART SCRIPT 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
	\$140.00	\$180.00	\$228.00	\$272.00	\$316.00	\$372.00	\$648.00	\$222.00	\$302.00	\$402.00	\$492.00	\$532.00	\$602.00	\$997.00
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	11.55	14.35	17.71	20.79	23.87	27.79	47.11	17.29	22.89	29.89	36.19	38.99	43.89	71.54
S/H	17.25	18.75	19.25	20.45	21.15	22.50	24.95	18.25	19.95	20.85	24.55	27.85	28.35	29.65
Total	\$193.80	\$238.10	\$289.96	\$338.24	\$386.02	\$447.29	\$745.06	\$282.54	\$362.54	\$477.74	\$577.74	\$623.84	\$699.24	\$1123.10

**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 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**